

Lender Narrative –
Substantial Rehabilitation
Section 232 – 2 Stage,
Initial Firm Submission

U.S. Department of Housing
and Urban Development
Office of Residential
Care Facilities

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(exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 70 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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INSTRUCTIONS:

The narrative is a document critical to the Lean Underwriting process. Each section of the narrative and all questions need to be completed and answered. If the lender's underwriter disagrees and modifies any third-party report conclusions, provide sufficient detail to justify the changes must be provided. This narrative is to~~should~~ identify the strengths and weaknesses of the transactions and demonstrate how the weaknesses are mitigated by the underwriting.

- **Charts:** The charts contained in this document have been created with versatility in mind; however they will not be able to accommodate all situations. For this reason, you are allowed to alter the charts as the situation demands. Be sure to state how you have altered the charts along with your justification. Include all the information the form calls for. Charts that include blue text indicate names that should be modified by the lender as the situation dictates.
- **Applicability:** If a section is not applicable, state so in that section and provide a reason. Do not delete a section heading that is not applicable. The narrative will be checked to make certain all sections are provided. If a major section is not applicable, add “ – Not Applicable” to the heading and provide the reason. For instance:

Parent of the Operator – Not Applicable

This section is not applicable because there is no operator.

The rest of the subsections under the inapplicable section can then be deleted. This instruction page may also be deleted.

- **Format:** In addition to submitting the PDF version of the Lender Narrative to HUD, please also submit an electronic Word version.

- 48 • **Historical Information:** Substantial rehabilitation can encompass a wide range of
49 renovations—from “gut” rehabilitations that replace or newly construct nearly everything, to
50 replacements and renovations that barely exceed the substantial rehabilitation threshold.
51 Because of these types of variables, historical financial data on the previous operations may
52 not be available or applicable. In those instances where historical information is not
53 applicable, the underwriter should follow the above instructions for inapplicable sections and
54 provide the reason. Acceptable reasons for not providing historical data include: the lack of
55 data due to a sale or previous use or a significant change in use. Be cautioned that changes in
56 census mix without a change in the type of license will likely not warrant elimination of the
57 historical data as an underwriting tool.
58

59 Instead of pasting large portions of text from third-party reports into the narrative, it is preferred
60 that the lender simply reference the page number and the report. The focus of this document is
61 for lender conclusions, analyses, and summaries.
62

63 Italicized text found between these characters <<EXAMPLE>> is instructional in nature, and
64 may be deleted from the lender’s final version. Please use the gray shaded areas (e.g.,) for
65 your response. Double click on a check box and then change the default value to mark selection
66 (e.g., ☒).
67

68
69

<Insert Project Photo>

Table of Contents

Executive Summary.....	7
Portfolios.....	13
Special or Atypical Underwriting Considerations	14
Program Eligibility	15
Substantial Rehabilitation	15
Commercial Space/Income	17
Facility Type.....	17
Independent Units	18
Licensing/Certificate of Need/Keys Amendment	19
Identities-of-Interest	20
Risk Factors	21
Strengths	23
Underwriting Team.....	23
Lender	23
Lender's Loan Committee Process	24
Recommendation to HUD	24
Third Party Reviewers	24
Housing Consultant (if applicable)	26
Project Description	26
Site	26
Neighborhood	26
Zoning.....	27
Utilities	27
Improvement Description	27
Building Description	27
Landscaping	27
Parking	27
Unit Mix & Features	27
Services.....	28
Obsolescence/Depreciation and Remaining Economic Life	29
Development Budget	29
Construction Costs.....	29
Architect's Fees	29
Other Fees-Borrower	30
Offsite and Demolition	30
Appraisal.....	31
Hypothetical Conditions and Extraordinary Assumptions	32
Market Analysis.....	32
Market Analysis Overview	33
Primary Market Area	33
Target Population	33
Demand	33
Competitive Environment (Supply)	33
Conclusion	34
Income Capitalization Approach – As-Is	34
Financial Statements	34
Occupancy.....	34
Census Mix – As Is	36
Rents - As Is.....	37
Historical Revenue Summary	37

121	Expenses – As Is	48
122	Net Operating Income (NOI)	53
123	Capitalization Rate – As Is	55
124	Sales Comparison Approach – As Is	56
125	Price per Unit/Bed – As Is	57
126	Effective Gross Income Multiplier (EGIM) – As Is	57
127	Subject Purchases	57
128	Cost Approach – As Is	57
129	Development Costs	57
130	Depreciation	57
131	Major Movable Equipment	58
132	Marketing Allowance	58
133	Land Value	58
134	Overall Value Reconciliation – As Is	58
135	Lender Modifications – As Is	58
136	Income Capitalization Approach – As Proposed	59
137	Census Mix – As Proposed	59
138	Rents - As Proposed	61
139	Expenses – As Proposed	69
140	Net Operating Income – As Proposed	70
141	Capitalization Rate – As Proposed	73
142	Sales Comparison Approach – As Proposed	73
143	Price per Unit/Bed – As Proposed	74
144	Effective Gross Income Multiplier (EGIM) – As Proposed	74
145	Cost Approach – As Proposed	75
146	Development Cost	75
147	Depreciation	75
148	Major Movable Equipment	75
149	Land Value	75
150	Reconciliation – As Proposed	76
151	Lender Modifications – As Proposed	76
152	Initial Operating Deficit	76
153	ALTA/ACSM Land Title Survey	79
154	Title	79
155	Title Search	79
156	Pro-forma Policy	80
157	Environmental	81
158	Phase I Environmental Site Assessment	82
159	Lender Comments	84
160	Other Potential Environmental Concerns	85
161	State Historic Preservation Office (SHPO) Clearance	88
162	Flood Plain	91
163	Borrower	93
164	Organization	94
165	Experience/Qualifications	94
166	Credit History	94
167	Financial Statements	95
168	Conclusion	96
169	Principal of the Borrower – <<enter name of principal here>>	96
170	Organization	97
171	Experience/Qualifications	97
172	Credit History	98
173	Other Business Concerns	98
174	Other Section 232 Projects	100
175	Conclusion	100

176	Financial Statements – For Party(ies) Responsible for Financial Requirements for Closing and Beyond – <<enter	
177	name(s) of responsible party(ies) here>>.....	100
178	Other Section 232 Projects.....	102
179	Conclusion	103
180	Operator	103
181	Organization	104
182	Experience/Qualifications.....	104
183	Credit History	105
184	Financial Statements	105
185	Net Income Analysis.....	107
186	Conclusion	107
187	Parent of Operator (if applicable)	107
188	Organization	108
189	Experience/Qualifications.....	108
190	Credit History	108
191	Other Business Concerns	109
192	Other Section 232 Projects.....	110
193	Other Facilities Owned, Operated or Managed.....	111
194	Financial Statements	113
195	Net Income Analysis.....	114
196	Conclusion	114
197	Management Agent (if applicable) – <<insert name here>>	114
198	Management Agent’s Duties and Responsibilities	115
199	Experience/Qualifications.....	115
200	Credit History	116
201	Other Facilities Owned, Operated or Managed.....	116
202	Past and Current Performance	117
203	Management Agreement.....	117
204	Conclusion	118
205	Operation of the Facility.....	119
206	Administrator.....	119
207	Subject’s State Surveys.....	119
208	Staffing	120
209	Other Facilities Owned, Operated or Managed.....	120
210	Operating Lease	122
211	Lease Payment – During Rehabilitation Period	123
212	Lease Payment – During Lease Up.....	124
213	Lease Payment Analysis – Stabilized, As Rehabilitated	124
214	Responsibilities	125
215	Master Lease.....	125
216	Accounts Receivable (A/R) Financing	126
217	Terms and Conditions	128
218	Collateral/Security	128
219	Permitted Uses and Payment Priorities	128
220	Financial Analysis.....	129
221	Historical AR Loan Costs	131
222	Proposed AR Loan Costs	131
223	Recommendation	132
224	Mortgage Loan Determinants	133
225	Overview.....	133
226	Mortgage Term	134
227	Type of Financing.....	134
228	Criterion C: Amount Based on Replacement Cost	134
229	Criterion D: Amount Based on Loan-to-Value	134
230	Criterion E: Amount Based on Debt Service Coverage	134
231	Criterion F: Cost of Rehabilitation Plus.....	135

232	Criterion L: Deduction of Grants, Loans, LIHTCs, and Gifts	135
233	Existing Indebtedness	136
234	Sources & Uses – Copied From HUD 92264a-ORCF.....	141
235	Secondary Sources	141
236	Surviving Debt.....	142
237	Cash Requirements	142
238	Circumstances that May Require Additional Information	143
239	Special Commitment Conditions	143
240	Conclusion.....	144
241	Signatures	144
242		
243		

DRAFT

Executive Summary—Substantial Rehabilitation Initial Submission

FHA number:			
Project name:			
Project location:	<u><<street address, city, county, and state>> <<street address, city, county, state, and zip code>></u>		
Lender's name:			
Lenders UW:		UW trainee:	
Borrower:			
Operator:			
Parent of operator:			
Management agent:			
General contractor:			
License holder:	<input type="checkbox"/> Borrower <input type="checkbox"/> Operator <input type="checkbox"/> Management agent		
Residents will contract with:	<u><<Entity with whom residents will contract for services>></u>		

Section 38 of the Regulatory Agreement shall apply to the following individuals and/or entities (list name(s)):





Type of Facility As Is:

		<u>Licensed</u>	<u>Operating</u>		<u>Licensed</u>	<u>Operating</u>	
<input type="checkbox"/>	<u>Skilled Nursing (SNF):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Assisted Living (AL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Dementia Memory Care (AL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Board & Care (B&C):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Dementia Care:</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Independent Living (IL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
	<u>Total:</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>

Type of Facility As Rehabilitated:

		<u>Licensed</u>	<u>Operating</u>		<u>Licensed</u>	<u>Operating</u>	
<input type="checkbox"/>	<u>Skilled Nursing (SNF):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Assisted Living (AL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Dementia Memory Care (AL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Board & Care (B&C):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Dementia Care:</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
<input type="checkbox"/>	<u>Independent Living (IL):</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>
	<u>Total:</u>	<u> </u>	<u> </u>	<u>beds</u>	<u> </u>	<u> </u>	<u>units</u>

<u>Type of facility:</u>	<input type="checkbox"/>	<u>Licensed—Operating</u>	<u>Licensed—Operating</u>
<u>As-Is</u>	<u>Skilled Nursing (SNF):</u>	<u>beds</u>	<u>units</u>

		<u>Assisted Living (AL):</u>		<u>beds</u>		<u>units</u>
		<u>Board & Care (B&C):</u>		<u>beds</u>		<u>units</u>
		<u>Dementia Care:</u>		<u>beds</u>		<u>units</u>
		<u>Independent Living (IL):</u>		<u>beds</u>		<u>units</u>
		<u>Total:</u>		<u>beds</u>		<u>units</u>

252

Type of Facility As Is:					
<u>Licensed</u>	<u>Operating</u>				
Type of Facility As Rehabilitated:					
<u>Licensed</u>	<u>Operating</u>				
<u>Type of facility:</u>		<input type="checkbox"/>	<u>Licensed—Operating</u>	<u>Licensed—Operating</u>	
<u>As</u>					
<u>rehabilitated</u>					
<input type="checkbox"/>	<u>Skilled Nursing (SNF):</u>		<u>beds</u>		<u>units</u>
<input type="checkbox"/>	<u>Assisted Living (AL):</u>		<u>beds</u>		<u>units</u>
<input type="checkbox"/>	<u>Board & Care (B&C):</u>		<u>beds</u>		<u>units</u>
<input type="checkbox"/>	<u>Dementia Care:</u>		<u>beds</u>		<u>units</u>
<input type="checkbox"/>	<u>Independent Living (IL):</u>		<u>beds</u>		<u>units</u>
<u>Total:</u>			<u>beds</u>		<u>units</u>

253

Type of facility:	<input type="checkbox"/>	Skilled Nursing <i>(SNF)</i> :	beds	units
	<input type="checkbox"/>	Assisted Living <i>(AL)</i> :	beds	units
	<input type="checkbox"/>	Board & Care <i>(B&C)</i> :	beds	units
	<input type="checkbox"/>	Dementia Care:	beds	units
	<input type="checkbox"/>	Independent Living <i>(IL)</i> :	beds	units
		Total:	beds	units

254

Mortgage Amount:	\$	Loan-to-value:	_____ %	Loan to transaction cost:	_____ %
Principal & interest: (without MIP)	\$	Term:	_____ years	Interest rate:	_____ %
		DSCR (with MIP):	_____ %	Market value per bed/unit*:	\$
Underwritten market value:	\$	Cap rate:	_____ %	Mortgage amount per bed/unit*:	\$

255
256

*Use per bed for SNF, or facilities with multiple care types (e.g., SNF/ALF). Use per unit for ALF only.

Mortgage Criteria:

Criterion A: Requested loan amount:	\$ _____
Criterion C: Amount based on replacement cost:	\$ _____
Criterion D: Amount based on loan-to-value:	\$ _____
Criterion E: Amount based on debt service coverage:	\$ _____
Criterion F: Amount based on estimated cost of rehabilitation plus:	\$ _____
Criterion L: Amount based on deduction of grant(s), loan(s), LIHTCs, and gift(s) for mortgageable items:	\$ _____

Sensitivity Analysis:

A 1.0 debt service coverage is still realized if:

- (a) Average rental drops \$ _____ per month.
- (b) Occupancy rate decreases _____ %.
- (c) Operating expenses increase _____ % per year.
- (d) Annual net operating income (NOI) decreases \$ _____ or _____ %.
- (e) Medicaid Rate could decrease by \$ _____ or _____ %.
- (d) Medicaid Census could decrease _____ %.
- (f) _____

257
258

As rehabilitated:

Gross income:	\$ _____	UW occupancy rate:	_____ %
Effective gross income:	\$ _____		
Expenses & repl. res.:	\$ _____	Expense ratio:	_____ %
Net operating income:	\$ _____	Expense per bed/unit*:	\$ _____

Total project cost: \$ _____ **Total project cost per bed/unit*:** \$ _____

As-Is:

UW Gross income:	\$ _____	UW occupancy rate:	_____ %
UW Effective gross income:	\$ _____		
UW Expenses & repl. res.:	\$ _____	UW Expense ratio:	_____ %
UW Net operating income:	\$ _____	UW Expense per bed/unit*:	\$ _____

As rehabilitated:

UW Gross income:	\$ _____	UW occupancy rate:	_____ %
UW Effective gross income:	\$ _____		
UW Expenses & repl. res.:	\$ _____	UW Expense ratio:	_____ %

UW Net operating income: \$ _____

UW Expense per bed/unit*: \$ _____

Total project cost: \$ _____

Total project cost per bed/unit*: \$ _____

**Use per bed for SNF, or facilities with multiple care types (e.g., SNF/ALF). Use per unit for ALF only.*

Operating deficit: \$ _____ Absorption rate (# beds per month): _____
Number of months to cover shortfall: _____ Break-even occupancy: _____ %
Borrower's working capital: \$ _____ Minor movables: \$ _____
Special escrows (describe below): \$ _____

<<describe special escrows here>>

**Major movable
equipment budget:**

\$ _____

**Major movable
amount per bed:**

\$ _____

Initial Operating Deficit:	_____	
	Absorption rate/no. units per month: _____	
	No. months to cover shortfalls: _____	
	Breakeven Occupancy %: _____	
Working Capital:	\$ _____	
Cash Investment:	\$ _____	
Debt Service Reserve Escrow:	\$ _____	
	No. months of principal & interest payments: _____	
Offsite Escrow:	\$ _____	
Minor Movable Equipment Escrow:	\$ _____	
Demolition:	\$ _____	
Other:	\$ _____	
TOTAL Without Land Equity:	\$ _____	% of total project cost: _____ %*
TOTAL With Land Equity:	\$ _____	% of total project cost: _____ %*
*Total project cost is the total uses on the Form HUD-92264a-ORCF.		
Land Equity (Calculation of Warranted Price of Land): <<Describe whether land is currently owned or will be acquired, purchase price, date of purchase, part of larger parcel or planned unit development, etc.>>		
Front Money Escrow (Total Cash Requirement minus Escrows):		
Cash requirement will be met by:	_____ <<pre-pays, letter of credit, sponsor, etc. Example: "Borrower's cash and letters of credit.">>	
Based on a review of the principals <<identify principal(s)>> their net worth is estimated at \$ _____ ; their liquidity meets/exceeds \$ _____.		

Estimates at Initial Submission

PROGRAM GUIDANCE: Provide an estimate.

Construction contract:	\$ _____	Offsites	\$ _____	Demolition	\$ _____
Total construction costs: <i>As reported on HUD-2328, Line 53 plus Offsites and Demolition Costs</i>	\$ _____				
Construction contingency:	\$ _____				
Relocation escrow:	\$ _____	Construction period:		# of months:	
Architectural contract:	\$ _____	<input type="checkbox"/> Multiple AIA Agreements			

	FTE's <u>As reported on Form HUD-91125-ORCF</u>	Operating Revenues	SWB <u>As reported on Form HUD-91125-ORCF</u>
Year			

Operations – Base year			\$	\$
Operations – Post construction			\$	\$

Definitions:

Base year: ~~Year before construction.~~

Year: ~~First year of stabilized occupancy after completion of construction. Example: Add the number of months to reach stabilized occupancy (as reported on the IOD spreadsheet “Output Summary Exhibit” tab) to the completion date. For a completion date of June 1, 2013 and 12 months to reach stabilized occupancy, enter 2014.~~

FTE's: ~~As reported on the “Staffing Schedule” Exhibit in the Operations Section of the application checklist.~~

SWB (Salaries, Wages, Benefits): ~~As reported on the “Staffing Schedule” Exhibit in the Operations Section of the application checklist.>>>~~

	Yes	No	Comments:
Secondary Financing:	<input type="checkbox"/>	<input type="checkbox"/>	(If yes, provide details.)
A/R Financing:	<input type="checkbox"/>	<input type="checkbox"/>	
Master Lease:	<input type="checkbox"/>	<input type="checkbox"/>	
Waivers: (list, as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Low Income Housing</u> <u>Tax Credits</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Portfolios

Program Guidance: Handbook 4232.1, Section II Production, Chapter 17.

It is the lender's responsibility to read the handbook chapter and provide HUD with full disclosure of all other HUD insured projects of the borrower and operator utilizing Forms HUD-90013-ORCF, Consolidated Certifications - Borrower and HUD-90014-ORCF Consolidated Certifications – Operator.

Key Questions

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Is the subject project part of a small, medium or large portfolio? (If yes, specify type) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Small (two or more projects, up to \$90 Million) | | |
| <input type="checkbox"/> Medium (\$90 Million to \$250 Million) | | |
| <input type="checkbox"/> Large (> \$250 Million) | | |
| 2. Have principals of the borrower disclosed participation in any other HUD-insured projects in completing Form HUD-90013-ORCF, Consolidated Certification – Borrower? | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>Yes</u>	<u>No</u>
3. <u>Have principals of the borrower disclosed participation in any other HUD-insured projects in completing Form HUD-90013-ORCF, Consolidated Certification – Borrower?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Have principals of the borrower submitted any applications for HUD mortgage insurance or TPA in the <i>past</i> 18 months OR do they plan to submit any applications for HUD mortgage insurance or TPA in the <i>next</i> 18 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Have principals of the operator submitted any applications for HUD mortgage insurance or TPA in the <i>past</i> 18 months OR do they plan to submit any applications for HUD mortgage insurance or TPA in the <i>next</i> 18 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<< For Medium and Large Portfolios (>\$90 Million) provide name/number of portfolio and date Corporate Credit Review approval was granted by ORCF.

Provide listing of projects, for the borrower and/or operator, that have been insured by HUD in the past 18 months, that are currently in application processing, or projects that the borrower and/or operator plans to submit for mortgage insurance in the next 18 months.>>

Portfolios

Program Guidance—Portfolio Definitions:

~~Portfolio: Two or more borrower entities that are under common control.~~

~~Small portfolio: Up to 49 facilities and aggregate mortgage loan amount less than or equal to \$90,000,000.~~

~~Midsize portfolio: Up to 49 facilities and a total mortgage loan amount greater than \$90,000,000 and less than or equal to \$250,000,000.~~

~~Large portfolio: 50 or more facilities and/or aggregate mortgage loan amount greater than \$250,000,000.~~

~~Common control: Business entities that are ultimately controlled by the same party or parties. Examples of common control may include, but are not limited to:~~

- ~~• Each entity has the same managing member, general partner, or other person or entity in a controlling role~~

{OR}

- 50% or more of each entity is owned by the same persons or entities.

~~Same ownership:~~ Different properties or business entities that are wholly owned by the same natural person, entity, or group—generally 100% common ownership among the properties. In the case of not for profit entities, “ownership” will be evaluated based on the principals identified through the HUD previous participation (2530/APPS) process. The ownership structure may be a corporation, limited liability company, partnership or limited partnership, or other legal structure. This term applies to master lease requirements.

Key Questions

	Yes	No
1. Do any of the principals of the borrower own any other projects insured or held by HUD?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of the principals of the borrower plan to submit an application for mortgage insurance to HUD in the next 18 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any of the principals of the borrower submitted an application for mortgage insurance to HUD in the past 18 months?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion regarding the topic. Identify the size of the portfolio and complete the “Other Section 232 Applications” chart in the “Consolidated Certification—Parent of the Operator.”>>

Special or Atypical Underwriting Considerations

- ☐ There are NO special or atypical underwriting considerations.
- ☐ The following are unique characteristics, key deal points, special, or atypical underwriting considerations:
- << Examples:
- Facility will be master leased
 - Identity-of-interest issues
 - Timing issues for closing or permits, land, licensing, etc.
 - Land will be added to the existing site
 - Shared costs/expenses with other facilities

This section should not be a lengthy restatement of the rest of the narrative. It is merely to highlight key points.>>

Third Party reports provided:

<input type="checkbox"/> Market Study (if required)	Conclusion is:	<input type="checkbox"/> Accepted as is.	<input type="checkbox"/> Modified by underwriter.
<input type="checkbox"/> Appraisal	Conclusion is:	<input type="checkbox"/> Accepted as is.	<input type="checkbox"/> Modified by underwriter.
<input type="checkbox"/> Phase I Environmental	Conclusion is:	<input type="checkbox"/> Accepted as is.	<input type="checkbox"/> Modified by underwriter.

309

310 **Program Eligibility**

311 ***Substantial Rehabilitation***

312 This project qualifies for substantial rehabilitation because:

313

314 ☐ The hard costs of rehabilitation/construction \$<<amount>>, represents % of the
 315 value as rehabilitated, which exceeds 15% of the project's value after completion. (*Note:*
 316 *the hard costs of an addition to the building are included in this calculation.*)

317

318 ☐ The scope of rehabilitation includes substantial replacement of two or more major building
 319 components, including: <<list all applicable components here>>.

320

321 **Key Questions**

Yes**No**

1. ~~Will the facility charge "founder's fees," "life care fees," or other similar
 charges associated with "buy-in" facilities?~~

☐☐

2. ~~Will the facility require more than four residents share a full bathroom (see
 24 CFR 232.3)? (*Not applicable for SNFs.*)~~

☐☐

3. ~~Are any residents required to access a qualifying bathroom by moving
 through a public corridor or area (see 24 CFR 232.3)? (*Not applicable for
 SNFs.*)~~

☐☐

4. ~~Has the borrower, operator, or any of their affiliate's renamed or
 reformulated companies, filed for or emerged from bankruptcy within the
 last five (5) years?~~

☐☐

5. ~~Is the borrower, operator, or any of their affiliate's renamed or reformulated
 companies, currently in bankruptcy?~~

☐☐

6. ~~Are there floodways or coastal high hazard areas located onsite*?~~

☐☐

~~If an ALF, are there residents who do not meet the statutory definition of
 frail elderly (at least age 62 and in need of assistance with at least three (3)
 Activities of Daily Living)?~~

☐☐

322

	<u>Yes</u>	<u>No</u>
1. <u>Will the facility charge “founder’s fees,” “life care fees,” or other similar charges associated with “buy-in” facilities?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Has the facility, borrower, operator, or any of their affiliates’ renamed or reformulated companies, or filed for or emerged from bankruptcy within the last 5 years?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Will less than continuous protective oversight be provided at the facility?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Are there any “minimum assistance” requirements necessary to qualify under the Section 232 mortgage insurance program that the facility does not plan to offer?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>If an ALF, are there residents who will not meet the statutory definition of frail elderly (at least age 62 and in need of assistance with at least three (3) Activities of Daily Living)?</u> <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Will the facility require more than four residents share a full bathroom (see 24 CFR 232.3)? (Not applicable for SNFs.)</u> <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Are any residents required to access a qualifying bathroom by moving through a public corridor or area (see 24 CFR 232.3)? (Not applicable for SNFs.)</u> <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Are there floodways or coastal high hazard areas located onsite*?</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Does the project not meet program intent such as hospitals, clinics, diagnostic and treatment centers, group practice facilities, and halfway houses?</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Has construction or site work commenced without prior HUD approval?</u>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Is the project designated by the Centers for Medicare and Medicaid Services (CMS) as a Special Focus Facility or similar future designation?</u>	<input type="checkbox"/>	<input type="checkbox"/>
12. <u>Is the project a long-term acute care facility?</u>	<input type="checkbox"/>	<input type="checkbox"/>
— <u>Is the project designated by the Centers for Medicare and Medicaid Services (CMS) as a Special Focus Facility or similar future description?</u>	<input type="checkbox"/>	<input type="checkbox"/>
— <u>Has construction or site work commenced without prior HUD approval?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answered “yes” to any of the questions above, this facility is not eligible under this program. >>

*Exception: The floodway and coastal high hazard area prohibitions do not apply if only an incidental portion of the project is in the 100-year floodplain, or for critical actions, the 500-year floodplain, and certain conditions are met in accordance with 24 CFR 55.12(c)(7).

Commercial Space/Income

Select one of the following:

- ☐ There will be no commercial space at the subject.
- ☐ There will be commercial space at the subject; however, it will not exceed the program limitations of 20% of the total net rentable area of the project and 20% of the effective gross income.

a. Total net rentable area: _____

b. Net rentable commercial area: _____

c. % of commercial area: _____

d. EGI: _____

e. Eff. commercial income: _____

f. % of commercial income: _____

<<b / a>>

<<e / d>>

<<Provide further explanation, if necessary. If the facility does not meet either of the criteria above, the loan is not eligible under this program.>>_____

Program Guidance:

The commercial limits are a maximum of 20% of the gross floor area of the project and 20% of the gross project income. Commercial space that is intended to exclusively serve the residents of the facility is not counted toward the 20% space and income limitations. Non-resident adult day care space will not be considered commercial space. However, the adult day care space may not be located on a separate site, the space may not exceed 20% of the gross floor area of the facility, and the income may not exceed 20% of gross income. (Provide a Certificate of Need or operating license, if applicable.)

Commercial Space/Income

Program Guidance: Handbook 4232.1, Section II Production, 2.6.E.

Select one of the following:

- ☐ There will be no commercial space at the subject.
- ☐ There will be commercial space at the subject; however, it will not exceed the program limitations of 10% of the gross floor area of the project and 15% of the effective project income.

a. Total gross floor area: _____

b. Gross floor commercial area: _____

c. % of commercial area: _____

d. Effective Project Income: _____

e. Commercial income: _____

f. % of commercial income: _____

<<b / a>>

<<e / d>>

<<Provide further explanation, if necessary. If the facility does not meet either of the criteria

above, the loan is not eligible under this program.>>

Facility Type

Select **ALL** that apply:

- ☐ **Nursing Home**
- ☐ Consists of at least 20 beds.
 - ☐ Considered a “Skilled Nursing Facility” by Department of Health & Human Services.
- ☐ **Intermediate Care Facility**
- ☐ Consists of at least 20 beds.
 - ☐ Considered an “Intermediate Care Facility” by Department of Health & Human Services.
- ☐ **Board and Care**
- ☐ Consists of at least 20 accommodations~~5 beds~~.
 - ☐ Provides “Continuous Protective Oversight.”
 - ☐ Provides areas for central dining.
 - ☐ Offers three meals per day to each resident.
 - ☐ Resident must take at least one meal a day.
 - ☐ Regulated by the state in accordance with Section 1616(e) of the Social Security Act (Keys Amendment)
- ☐ **Assisted Living**
- ☐ Consists of at least 20~~5~~ units.
 - ☐ Provides “Continuous Protective Oversight.”
 - ☐ Provides areas for central dining.
 - ☐ Offers three meals per day to each resident.
 - ☐ Resident must take at least one meal a day.
 - ☐ Caters to frail elderly persons (62 years and older) who need assistance with 3 or more activities of daily living (ADLs).
- ☐ **Other - Requires explanation.** <<describe here>>

<<NOTE: The above reflect HUD’s definitions of facility or care types. Those definitions may not align with state licensing definitions.>>

Independent Units-As-Is

Select all applicable statements:

- ☐ There will be NO unlicensed/independent beds~~units~~ at the subject.
- ☐ There will be unlicensed/independent beds~~units~~ at the subject; however, the total does not

exceed 25% of the total beds at the facility.

a. Total beds: _____

b. Unlicensed independent beds: _____

c. Independent beds as % of total: $\ll b / a \gg$

Independent Units-As-Rehabilitated

Select all applicable statements:

☐ There will be NO unlicensed/independent bedsunits at the subject.

☐ There will be unlicensed/independent bedsunits at the subject; however, the total does not exceed 25% of the total beds at the facility.

a. Total beds: _____

b. Unlicensed independent beds: _____

c. Independent beds as % of total: $\ll b / a \gg$

Program Guidance:

~~It has been longstanding policy that HUD will allow up to 25% of the units in a Section 232 facility to be Independent Living (IL) units. This policy remains unchanged under Lean. However, please note the following:~~

- ~~• The facility must offer services to all residents in the project comparable to those found in a skilled nursing facility, assisted living facility, board and care, or intermediate care facility.~~
- ~~• A license is not required for the IL units; however, all of the other units in the facility must be licensed.~~
- ~~• Waivers to exceed the 25% limit will be considered on a case by case basis for good cause. Please note that waivers have not been provided when the number of IL units exceeds 30% of the total project units.~~

Licensing/Certificate of Need/Keys Amendment

Number of Beds to be licensed: _____

☐ Lender has verified that the beds or units in operation are in compliance with the State licensing agency.

<<Provide affirmative statement along the lines of: "The facility is to be licensed by the State of {State}'s Department of Health and Welfare as a {Type of Facility} for {X} beds. The license is

to be issued to {Name of Entity on License}.” Describe the licensing process. It is effective {date}, through {date}. The license covers {number of beds}.”>>

<<Provide affirmative statement along the lines of: “There is no Certificate of Need (CON) requirement in {State} for {Type of Facility}.” – OR – “A Certificate of Need (CON), dated {XXX} was issued by the State of {State} authorizing XX beds...”>> For skilled nursing, where the state does not require a CON, discuss the required independent study conducted by the state or commissioned by the state of market need and feasibility. Include in the discussion the number of beds and the date through which it is current.

<<(Applicable to B&C’s.) Provide affirmative statement along the lines of: “The State of {State} has certified its compliance with Section 1616(e) of the Social Security Act (Keys Amendment).”>>

Identities-of-Interest

Program Guidance: Handbook 4232.1, Section I, Chapter 1.6

Key Questions

	<u>Yes</u>	<u>No</u>
1. Have you, as the lender, identified any identities of interest on your certification?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the borrower’s certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any of the certifications provided by principals of the borrower identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the operator’s certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the management agent’s certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the general contractor’s certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the HUD Addendum to the AIA Agreement of the Design Architect identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the lender know, or have any reason to believe, that any of the assertions in the other Consolidated Certifications submitted herewith, are inaccurate or incomplete?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions

	<u>Yes</u>	<u>No</u>
1. Have you, as the lender, identified any identities of interest on your certification?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the borrower’s certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any of the certifications provided by principals of the borrower identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
4. Does the operator's certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Management Agent's Certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the General Contractor's certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the HUD Addendum to the AIA Agreement of the Design Architect identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the lender know, or have any reason to believe, that any of the assertions in the other Consolidated Certifications submitted herewith, are inaccurate or incomplete?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion regarding the topic. As applicable, describe the risk and how it will be mitigated. For example: The borrower and operator are related parties – John Doe has ownership in both entities. No other identities of interest are disclosed.>>

Risk Factors

Key Questions

	Yes	No
1. If the project is proposing new construction of assisted living units, is the proposed mortgage higher than the maximum loan-to-value (LTV) <u>identified in the guidance below?</u> ..?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the debt service coverage of the loan less than 1.45?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is this a "special use facility"—one that serves a "niche" type of market (e.g., psychiatric facilities; drug, alcohol, or eating disorder recovery facilities; hospice facilities; or short-term rehabilitation facilities?	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Is this an Intermediate Care Facility (ICF), Institution for Mental Diseases (IMD), or any other type of facility that caters to a significant population with mental illness (MI), developmental disabilities (DD) or individuals with intellectual disabilities (IID)?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Is the project in a state with an Olmstead Plan, pending Olmstead cases, Olmstead settlement agreements, or is the project's state an active Money Follows the Person grantee, a Balancing Incentives Program grantee, active in initiatives to "right-size" nursing facilities or otherwise working to "rebalance" long-term supports and services toward home and community-based settings? (Note: The narrative discussion to a "yes" answer to this question should include a discussion of any of the state's efforts above that might have an impact on the subject facility and what efforts the owner and/or operator will take to respond to these impacts. If speaking to the Money Follows the Person program, be sure to reference the grantee state's strategy for moving the following populations: the elderly from skilled nursing facilities, individuals with intellectual or developmental disabilities (ID/DD) from</u>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

ICFs, the physically disabled, non-elderly from skilled nursing facilities or the mentally ill from psychiatric facilities or other facilities, as appropriate).

6. Does the project rely on Medicaid Waivers or State Plan Options for a significant portion of its resident population, MI/DD residents, or for residents in the assisted living portion of a combined SNF/ALF Facility?
(Note: The narrative discussion to a "yes" answer to this question should include a discussion of the State's progress in implementing the HCBS Settings Rule. The discussion might include references to the Statewide Transition Plan, CMS responses to or approval of the Plan, State Regulatory language, State Medicaid Agency input or a discussion of the facility's compliance with the HCBS Settings requirements. If it appears that the facility will not, or will not be able, to comply with the Rule, the Lender should provide a Sensitivity Analysis showing the project's ability to operate without these residents.)

☐ ☐

7. Does the owner or operator/management agent lack the relevant experience (with similar type of facility, regulatory environment, payor mix, etc.) to lease-up and operate the subject project?

☐ ☐

4. ~~Will the combined underwritten occupancy percentage of Medicare and private pay beds (of the total SNF beds in the project) exceed 30%?*~~ ☐ N/A

☐ ☐

5. ~~Will the percentage of private pay beds used in the underwriting exceed the average percentage demonstrated in the market, defined as the average of no less than 5 competing facilities in the primary and secondary market?*~~ ☐ N/A

☐ ☐

6. ~~Will the underwritten occupancy percentage of Medicare beds (of the total SNF beds in the project) exceed 10% or the average percentage demonstrated in the market, defined as the average of no less than 5 competing facilities in the primary and secondary market?*~~ ☐ N/A

☐ ☐

~~*If the answer to question 4, 5, or 6 is "yes," a waiver must be requested.~~

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.

Example: Debt Service Coverage Lower than 1.45: ~~If the debt service coverage of the loan is less than 1.45, the lender must provide sufficient justification/mitigation to support the additional risk associated with the loan. The HUD underwriter will be required to specifically approve this item and may ask for additional input and request a discussion with the lender and/or HUD headquarters.}>>>~~

<<Below is a summary of the Lean underwriting benchmarks for loan to value (LTV) and debt service coverage ratio (DSCR).

Type of Unit	New/Existing Units	Borrower Type	Max. LTV*	Min. DSCR*
SNF/ILU	Both	For Profit	80%	1.45
SNF/ILU	Both	Non Profit **	85%	1.45
ALF	New	For Profit	75%	1.45
ALF	New	Non Profit **	80%	1.45
ALF	Existing	For Profit	80%	1.45
ALF	Existing	Non Profit **	85%	1.45

*Maximum loan to values and minimum debt service coverage ratios are set by the Section 232 Statute and Regulations. Any submittal above the LTV's listed or below the DSCR's listed will require justification/mitigation.

**To qualify for the higher non-profit benchmarks, the owner/operator must demonstrate a successful operating track record, significant project operating and management experience, an a solid financial track record.>>

Other Risk Factors Identified by Lender

Additionally, the lender has identified the following risk factors:

<<Provide discussion on other risk factors identified by the lender and how they are mitigated.>>

Strengths

<<Provide discussion of the strengths of the transaction.>>

Underwriting Team

Lender

Name:

Underwriter:

Underwriter trainee:

Lender number:

Site inspection date:

Inspecting underwriter:

Broker:

Lender's Underwriter

<<Brief description of qualifications. The inspecting underwriter must be underwriter of record that is assigned to the project. >>

Underwriter Trainee (if applicable)

<<Brief description of qualifications.>>

Inspecting Underwriter (if applicable)

<<Brief description of qualifications. The Lean-approved Section 232 Underwriter of record, employed by the lender, must visit the site AND sign this narrative.>>

Program Guidance: Handbook 4232.1 Section II Production, 2.5N

~~On projects involving the addition of beds/units, the Lender's Approved Underwriter of record on the project must perform the site inspection, not only the subject site, but also the market competitors and/or comparables from the appraisal/market study. HUD is not requiring inspection of all comparables listed in the appraisal/market study; it is up to the Underwriter to determine which comparables will give them enough information to become familiar with the market.~~

Program Guidance: Handbook 4232.1 Section II Production, 2.5N

Lender's Loan Committee Process

Date of loan committee: _____

Loan committee process: _____

Loan committee conditions: _____

<<Provide brief narrative summary of loan committee, including: information provided; any pertinent requirements/conditions of the loan committee to gain the committee's recommendation.>>

Recommendation to HUD

<<Based on analysis and underwriting, XXXXX recommends that HUD issue a firm commitment to insure the proposed mortgage for the subject transaction, subject to the terms and conditions identified in this narrative and the accompanying application exhibits.>>

Third Party Reviewers

456 **Key Questions – Environmental Consultant(s)**

Yes **No**

- 457

458 **Key Questions – Market Analyst**

Yes **No**

- 459

460 **Key Questions - Appraiser**

Yes No

- 461

NOTE: Any "no" answers should be thoroughly explained and justified. The appraiser must be a Certified General Appraiser under the appraiser certification requirements of the state that the subject property is located, as of the effective date of the appraisal (temporary certifications are permissible) and must meet all requirements of the Competency Rule of the USPAP. Lender verification of an appraiser's current standing can be done at <http://www.asc.gov>.

Housing Consultant (if applicable)

Name of consultant: _____

Relation to borrower, if any: _____

Key Questions

	Yes	No
1. Will the project have a housing consultant? (If so, please provide a copy of the consultant's agreement with the firm commitment application and provide a narrative discussion that addresses the following: (a) terms of the agreement (i.e., fees charged, start and end date, etc.); and (b) consultant's responsibilities.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the housing consultant's responsibilities overlap with those responsibilities provided by other development team members (i.e., the lender, architect, contractor, attorney, etc.)? If yes, please explain.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the lender determined that the fees charged are competitive in the market and considered necessary and reasonable? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

<<Please provide a brief narrative discussion, as applicable, in response to the questions above.>> _____

Project Description

Location/Proximity to Hospitals and Services

<<Brief narrative description about nearby hospitals and services. >> _____

Site

<<Brief narrative description about site to include location, topography, size, frontage, access, etc. >> _____

Neighborhood

<<Brief narrative description about neighborhood area to include major cross streets and access routes; distance to services, hospitals, etc.; adjacent property uses; predominant character or neighborhood; etc.>> _____

Zoning

☐ Legal Conforming ☐ Legal Non-Conforming ☐ Other

<<Provide narrative description: identify local jurisdiction; zoning designation; results of Zoning Letter provided in application submission; and discuss any variances, conditional uses, non-conformance or other pertinent issues affecting zoning.>>

Utilities

<<Provide narrative description: identify utilities in use at the site. Discuss any limitations in service and any other issues that would affect the operation of the facility. Also, clearly identify the utilities to be paid by the residents.>>

Improvement Description

Building Description

<<Provide narrative description to include “as-is” and “as-rehabilitated”: number of proposed buildings; construction types; floor area; describe common areas; etc. >>

Landscaping

<<Provide narrative description about the “as-is” and “as-rehabilitated” landscaping.>>

Parking

<<Provide narrative description about the “as-is” and “as-rehabilitated” parking including the number of spaces, compliance with accessibility, adequacy of the parking, and any parking easements. Also, discuss any zoning or marketability issues.>>

Unit Mix & Features

<<Complete “as-is” and “as-rehabilitated” tables or provide equivalent detail.>>

517
518

As-is Unit Mix

(Double click inside the Excel Table to add information)

Line	Unit Qty	Bed Qty	Bdrms	Baths	Unit Sqft	Care Type
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
Totals:	-	-				

519
520
521
522

As-rehabilitated Unit Mix

(Double click inside the Excel Table to add information)

Line	Unit Qty	Bed Qty	Bdrms	Baths	Unit Sqft	Care Type
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
Totals:	-	-				

523
524

Living Unit Description

<<Provide brief narrative description of the “as-is” and “as-rehabilitate” units including: bathrooms, appliances, flooring, included furnishings, hook-ups, patios, etc. >>

528

Services

<<Provide narrative description of “as-is” and “as-rehabilitated” services to be provided. Identify which services will be included in rent and which services will be available for extra charges, as applicable.>>

533

Obsolescence/Depreciation and Remaining Economic Life

<<There are three categories that need to be addressed. Each should be discussed before and after the rehabilitation.. >>

Functional Obsolescence

<<How the physical plant compares to an optimally configured project and how does that impact income potential? (Discuss for example, 3 and/or 4 bed wards, unusual design issues, etc.)>>

External Obsolescence

<<How do the market, economic environment, and location impact the income potential of the project? >>

Remaining Economic Life

<<The appraiser has estimated the economic life of the property at XX years. The appraiser has estimated the effective age of the property at XX years. Therefore, the remaining economic life is XX years. Explain the basis for this estimate. Discuss any physical depreciation associated with any improvements that are not new construction. >>

Scope of Rehabilitation

<<Provide narrative description of the planned rehabilitation. The description should be sufficiently detailed to provide the HUD underwriter and review appraiser a reasonable understanding of the work involved to assess the impact on underwriting and value concerns.>>

Development Budget

Construction Costs

<<Discuss the estimated construction budget assumed by the developer for the initial submission.>>

~~Architect's Fees~~

~~<<Provide narrative describing budgeted architect fees (design/supervision). For example: "The total architectural fees of \$XXX are estimated. The fee represents XX% of the total cost of structures, land improvements, and general requirements." Indicate whether or not an identity of interest between the borrower and the architect is planned or if there will be multiple AIA B108 contracts.>>~~

Other Fees-Borrower

<<Provide narrative discussion as necessary.>>

Schedule of Other Fees to be paid by Borrower

(Double click inside the Excel Table to add information)

Line	Description	Amount
A	Survey - Land and Final "As Built"	
B	Building Permits	
C	Soils Report	
D	Traffic Study	
E	Impact Fees	
F	Hook-up Fees	
G		
H		
I		
J		
TOTAL		\$ -

Offsite and Demolition

<<Describe any offsite work to be accomplished and who will be performing the work. If the general contractor is responsible, describe the cost attributed to it and the cost reviewer's conclusions about the work and the cost. If the city will be performing the work, describe any related costs or hookup fees. Describe any demolition that may apply; discuss costs and any other requirements or issues.>>

Appraisal As Is As Rehabilitated

Date of valuation: _____
Date of report: _____
Appraisal firm: _____
Appraiser: _____
License no./State: _____
Date of valuation: _____
Date of report: _____
Appraisal firm: _____
Appraiser: _____
License no./State: _____

Appraisal

Date of valuation: _____
Appraisal firm: _____
Appraiser: _____
License no./State: _____

The report was prepared to comply with the reporting requirement outlined under the USPAP as a self-contained report. The report also complies with the requirements of the Code of Professional Ethics of the Appraisal Institute and the Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA), Title XI Regulations

The report was prepared in accordance with the ORCF Appraisal Guidelines.

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Will there be a ground lease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any tax credits involved in this transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any real estate tax abatement or exemptions included in the underwriting assumptions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any special escrows or reserves proposed for this transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the underwriting include income from adult day care? (Note: Non-resident adult day care space <u>may not</u> be located on a separate site. The adult day care space will not be considered commercial space; however, the space may not exceed 20% of the gross floor area of the facility and the income may not exceed 20% of gross income. Provide a Certificate of Need or operating license, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any other issues that require special or atypical underwriting considerations?? | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

7. Does the submission date of the application (date the application enters the queue) exceed the 120-day timeframe from the effective date of the appraisal? _____

☐☐

<<For each “yes” answer above, provide a narrative discussion regarding the topic. For example, Item 3, Real Estate Tax Abatement – The borrower will be receiving an abatement of real estate taxes for at least two years after opening the facility. The abatement is to be 70% of the taxes due. We have not assumed the abatement for valuation purposes. The underwriter has, however, excluded 70% of the underwritten taxes from the debt service calculation and from the initial operating deficit calculation.>>

Hypothetical Conditions and Extraordinary Assumptions

Hypothetical Conditions

<<Identify any conditions that are contrary to what exists but are supposed for the purpose of analysis. For example, “The appraisal assumes that the proposed construction is complete and the property has attained the operating levels concluded by the appraiser. There are no other hypothetical conditions.”>>

Extraordinary Assumptions

<<Identify any assumptions specific to this assignment that if found to be false, could alter the appraiser’s opinions or conclusions. For example, “The appraisal assumes the subject project meets the state licensing requirements and that the facility is constructed as planned. There are no other extraordinary assumptions.>>

Jurisdictional Exceptions

<<These are rare and should be discussed with HUD before invoking. >>

Market Analysis

<<The Market Study may be an integral part of the appraisal and need not appear under separate cover. If under separate cover, the Market Study should have the same author as the appraisal, so the valuation is consistent with the market conclusions.>>

Date of analysis: _____

Market analysis firm: _____

Market analyst: _____

629 **Key Questions**

Yes **No**

- | | | |
|---|--------------------------|--------------------------|
| 1. Is the subject located in a declining market in terms of population, target population, real estate values, or employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any negative market influences that require special consideration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a projected or current oversupply that could affect the subject? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion regarding the topic, describing the risk and how it is mitigated. For example, “Oversupply: The projected oversupply is specifically addressed in the Risk Factors section of this narrative.”>>

Market Analysis Overview

<<Provide an overview of the market analysis, including general growth and population information, barriers to entry, unique market influences, etc. Please be brief in this section and refrain from pasting large sections from the market study here.>>

Primary Market Area

<<Describe primary market area and method of selection (e.g., distance, zip codes, etc.). When making your conclusions about the size of the PMA, pay close attention to where the existing competitors are drawing their tenants from.>>

Target Population

<<Describe age, income, and type of resident (i.e., assisted living, independent, dementia, etc.) and acuity of care.>>

Demand

<<Describe age, income, and type of resident (i.e., assisted living, independent, dementia, etc.) and acuity of care of the target population. Describe target population demographics and demand factors.>>

Competitive Environment (Supply)

<<Describe and identify competing facilities, planned facilities, facilities under construction, and other supply factors that compete with the subject facility. Description of supply should include types of facilities, acuity, and occupancy. Discuss recent and/or historic absorption of competitive units. Discuss any perceived changes to competitive environment.>>

Conclusion

<<Provide conclusion of market analysis: summarize demand, market saturation, continued health of market, negative and positive factors impacting the continued demand for the subject's units/beds.>>

Income Capitalization Approach – As-Is

Financial Statements

The appraiser and underwriter have analyzed the following historical financial statements pertaining to the operation of this facility:

<<If less than three years financial information is available for the project's operations, provide a narrative justifying why the data is not available. Even in the cases where there was an acquisition within the past 3 years, the owners will usually have been supplied with the income and expense information from the previous owner.>>

Market Occupancy and Census Mix History – As Is

A summary of the subject's occupancy is provided below.

(Double click inside the Excel Table to add information. You may delete rows for care types that do not apply.)

Care Type	Comparable Name	Occupancy	Survey Time Period	Private Pay	Medicare	Medicaid	Veterans Admin	HMO (Insurance)	Other	Total
Select	Subject (Currently Achieving)		Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Averages		#####		#####	#####	#####	#####	#####	#####	
Appraisal (Market)		#####		#####	#####	#####	#####	#####	#####	
Lender's (DSC)		#####		#####	#####	#####	#####	#####	#####	

Historical Occupancy	Year ending xx/xx/xx	Year ending xx/xx/xx	Year ending xx/xx/xx	YTD annlzd. or T-12 (specify dates)
Potential Resident Days OR units (specify)	0	0	0	0
Actual Resident Days OR Occ. Units (specify)	0	0	0	0
Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

<<The number of competitors will depend on the size of the market. Please expand or reduce the chart above as needed. Discuss the the reliability of the market averages.>>

Occupancy History – As Is

A summary of the subject's occupancy is provided below.

(Double click inside the Excel tables to add information. You may delete rows for care types that do not apply.)

CARE TYPE	Historical Occupancy	Year ending xx/xx/xx	Year ending xx/xx/xx	Year ending xx/xx/xx	T-12 specify dates	Appraisal (Market)	Lender (for DSCR)
Skilled Nursing	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Assisted Living /Board & Care	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Memory Care	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Independent Living	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

<<Provide a brief narrative discussion the occupancy of conclusions.Address any significant shifts in occupancy. >>

A summary of the market occupancy is provided below.

(Double click inside the Excel Table to add information)

Market Occupancy	# of Units	Occupancy
Competitor 1 - (Name)	0	0%
Competitor 2 - (Name)	0	0%
Competitor 3 - (Name)	0	0%
Competitor 4 - (Name)	0	0%
Competitor 5 - (Name) - add rows as needed	0	0%
Subject	0	0%
Market Total/Average	0	0%
Appraiser's Conclusion for Subject		0%
Underwriter's Conclusion for Subject		0%

<<Indicate if the market percentages quoted represent a single day survey, or are a year over average. The number of competitors will depend on the size of the market. Please expand or reduce the chart above as needed. Provide brief narrative discussion of conclusion. The narrative should address any decline in or below average occupancy. For skilled nursing and other facilities, resident days may be more appropriate than units or beds. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

Census Mix History – As Is– As Is

<<The percentages should be based on people not dollars.>>An analysis of the subject and market comparable census mix is provided below.

Census Mix – Subject History

(% of beds)

(Double click inside the Excel Table to add information)

Source	Year ending xx/xx/xx	Year ending xx/xx/xx	Year ending xx/xx/xx	T-12 (specify dates)	Appraisal	UW
Private-pay	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Welfare (Medicaid)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. V.A.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. HMO (Insurance)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

<<Provide a brief narrative discussion of the census mix conclusions. Address any significant shifts in census mix from one Payor source to another. >>

Census Mix – Market Comparables
 (% of beds not revenue)
 (Double click inside the Excel Table to add information)

Local Market Census Mix - As Is	Private-pay	Medicare	Medicaid	e.g. V.A.	e.g. HMO (Insurance)	e.g. Other	Total
Comp 1 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 2 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 3 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 4 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 5 - (Name) add rows as needed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subject - Actual	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Market Average	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

<<Provide narrative discussion of conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide the above analysis for each care type. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

Rents Schedule - As Is

The rent schedule is currently as follows:

<<Insert a summary chart of the rent schedule here that shows rents, number of units, and room/service types.>>

<<Discuss the subject Rent Schedule. For skilled nursing and other facilities, a daily rate may be more appropriate than a monthly conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

Historical Revenue Summary

<<Please adapt the chart to show the income sources specific to your facility. Bad debt can either included in the table below or dealt with as an expense. >>

747
748

History by Revenue Source

(Double click inside the Excel Table to add information)

Actual												
Period	Year Ending XX/XX/XX				Year Ending XX/XX/XX				Year Ending XX/XX/XX			
	Source Total	% of EGI	# Days OR Units	Per Day OR Unit	Source Total	% of EGI	# Days OR Units	Per Day OR Unit	Source Total	% of EGI	# Days OR Units	Per Day OR Unit
Income Source												
e.g. Independent Living		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Assisted Living		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Private Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Ins./Mngd Care Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Medicaid Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Medicare Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. VA		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Residential Revenue Achieved	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!
Other Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Effective Gross Income	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!

Actual					Forecast							
Period	YTD Annlzd or T-12 (specify dates)				Appraisal As-Is				Appraisal - As Proposed			
	Source Total	% of EGI	# Days OR Units	Per Day OR Unit	Source Total	% of EGI	# Days OR Units	Per Day OR Unit	Source Total	% of EGI	# Days OR Units	Per Day OR Unit
Income Source												
e.g. Independent Living		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Assisted Living		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Private Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Ins./Mngd Care Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Medicaid Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Medicare Nursing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. VA		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Actual Residential Revenue	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!
Other Income		#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Effective Gross Income	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!	\$0	#DIV/0!	0	#DIV/0!

750

Period	Year Ending xx/xx/xx			Year Ending xx/xx/xx			Year Ending xx/xx/xx		
	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day
Income Source									
SN-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicare (Part A)			#DIV/0!			#DIV/0!			#DIV/0!
SN-HMO/Ins/Medicare (Part C)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Veterans Admin (VA)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
MC-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
IL-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
IL-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
Residential Revenue Achieved	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
Medicare Part B									
e.g. Therapy									
e.g. Level of Care Fees									
e.g. Second Occupant Fees									
e.g. Commercial Space									
e.g. Day Care									
Effective Gross Income	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!

Period	Year Ending xx/xx/xx			Appraisal (Market)			Lender (for DSCR)		
	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day
Income Source									
SN-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicare (Part A)			#DIV/0!			#DIV/0!			#DIV/0!
SN-HMO/Ins/Medicare (Part C)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Veterans Admin (VA)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
MC-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
IL-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
IL-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
Residential Revenue Achieved	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
Medicare Part B									
e.g. Therapy									
e.g. Level of Care Fees									
e.g. Second Occupant Fees									
e.g. Commercial Space									
e.g. Day Care									
Effective Gross Income	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!

<<In the chart above, the most recent reporting period must be presented as the 12 trailing months (T-12) of income that overlaps into the prior reporting period.

Above you are asked to report the number of resident days, not occupied units. Although

Assisted Living is typically reported on an occupied unit basis, we ask that you convert to resident days. Do not enter potential gross incomes here, but rather effective gross income, wherein vacancy has already been accounted for.>>

<<Discuss any departures from historical reimbursements, mix, and trends here.>>

<<Provide narrative discussion and support for each other income category as appropriate. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support their conclusion, as appropriate.

Example: Additional Personal Care Fees: The project bases additional care fees on levels of care needed as determined by the initial assessment and subsequent assessments as needed. The appraiser concludes to a net amount of \$X annually. The underwriter has analyzed the history to determine the average monthly charge of \$X, net of vacancies. Insert historical or comparable data as appropriate.

Example: Second Occupant Income: The appraiser has included a net annual projection of X second occupants at \$X per month. Over the last 12 months, the facility has averaged X second occupants per month. Competitive facilities in the market place report second occupant charges ranging between \$X and \$X with a range of X to X second occupants. Based on the history and the market, the underwriter concurs with the appraiser's conclusion for a net annual income of \$X. _____

Example: Other Income: In addition to room rents, additional care, and second occupant income, the project receives miscellaneous income from X (list miscellaneous). The appraiser has included a net annual projection of \$X. Historically, typical miscellaneous income is between X and X percent of effective income. The appraiser's conclusion is x. The underwriter has concluded to a net \$X per annum (calculation shown). >>

<<**Instructions:** Each type of care should have its own subsection below discussing the payor source identified in the rent schedule, as demonstrated below. You may delete the sections (Skilled Nursing, Assisted Living, and Independent Living) that do not apply to your subject. >>

<<In the chart above, the most recent reporting period may be presented as the annualization of the first months of the year (Annualized YTD), or presented as the 12 trailing months (T-12) of income that overlaps into the prior reporting period. Please indicate which you are showing and the months covered by the T-12 or YTD.

Above you are asked to report the number of resident days or occupied units. Nursing homes should be reported by resident day, the total of which should be equal to the **number of operating beds x 365 x occupancy percentage**. Assisted living may be reported by occupied unit, the total of which should equal the **number of operating units x 12 x occupancy percentage**. Do not enter potential gross incomes here, but rather effective gross income, wherein vacancy has already been accounted for.>>_____

<<Discuss any departures from historical reimbursements, mix, and trends here.>>_____

~~<<Instructions: Each type of care should have its own subsection below discussing the payor source identified in the rent schedule, as demonstrated below. You may delete the sections (Skilled Nursing, Assisted Living, and Independent Living) that do not apply to your subject. >>~~

SKILLED NURSING – AS IS

Private Pay

In addition to an analysis of the subject's rent roll, the appraiser and underwriter analyzed the private pay rates at X comparable facilities. A summary of their analysis is provided below.

Private Pay Rates Comparability Analysis

(Double click inside the Excel Tables to add information)

Skilled Nursing - Private Pay	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0		\$0		\$0		\$0	
Rent Comp 1 - Name	\$0	e.g. superior	\$0		\$0		\$0	
Rent Comp 2 - Name	\$0	e.g. care extra	\$0		\$0		\$0	
Rent Comp 3 - Name	\$0	e.g. most similar	\$0		\$0		\$0	
Rent Comp 4 - Name	\$0		\$0		\$0		\$0	
Rent Comp 5 - Name	\$0		\$0		\$0		\$0	
Rent Comp 6 - Name	\$0		\$0		\$0		\$0	
Rent Comp 7 - Name	\$0		\$0		\$0		\$0	
Rent Comp 8 - Name	\$0		\$0		\$0		\$0	
Rent Comp 9 - Name	\$0		\$0		\$0		\$0	
Rent Comp 10 - Name	\$0		\$0		\$0		\$0	
Market Average	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Lender's Conclusion	\$0		\$0		\$0		\$0	

Skilled Nursing - Private Pay	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0		\$0		\$0		\$0	
Rent Comp 1 - Name	\$0	e.g. superior	\$0		\$0		\$0	
Rent Comp 2 - Name	\$0	e.g. care extra	\$0		\$0		\$0	
Rent Comp 3 - Name	\$0	e.g. most similar	\$0		\$0		\$0	
Rent Comp 4 - Name	\$0		\$0		\$0		\$0	
Rent Comp 5 - Name	\$0		\$0		\$0		\$0	
Rent Comp 6 - Name	\$0		\$0		\$0		\$0	
Rent Comp 7 - Name	\$0		\$0		\$0		\$0	
Rent Comp 8 - Name	\$0		\$0		\$0		\$0	
Rent Comp 9 - Name	\$0		\$0		\$0		\$0	
Rent Comp 10 - Name	\$0		\$0		\$0		\$0	
Market Average	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Appraisal Conclusion	\$0		\$0		\$0		\$0	

Skilled Nursing - Private Pay		Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type		e.g. Private Room		e.g. Semi-Private		e.g. Ward		e.g. Sub-Acute	
Rent Comp 1 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - add lines as needed		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion		\$ -		\$ -		\$ -		\$ -	
Underwriter Conclusion		\$ -		\$ -		\$ -		\$ -	

<<Provide narrative discussion of private pay rate conclusion. Discuss how the rate conclusion compares to the achieved rents shown on the rent roll. Expand or shorten the table above as needed to accommodate the types of rooms or the number of comparables used. Additional

analysis can be provided at the Lender's option to support its conclusions, as appropriate.
Identify any modification from the appraiser's concluded rent and provide justification. >>

Medicare

Daily rate – Underwriting: \$ _____	Appraisal: \$ _____
Subject's historical average	Time period of _____
RUG Rate: \$ _____	quoted average: _____

<<Identify any anticipated changes to the reimbursement rate. Provide narrative discussion of conclusion. For example: "The appraiser provided a detailed Resource Utilization Group (RUG) rate analysis of the facility's operation over the last 12-month operating period. The analysis concluded a weighted average Medicare rate of \$XX PRD. The RUG Rates used to determine the average rate are based on the <<DATE>> rates. The underwriter concurs with the appraiser's conclusion.">>

Medicaid

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
Published Rate: \$ _____	Date of Rate _____

<<Provide narrative discussion of the state's reimbursement system and how the subject's or tenant's rate is determined. If rate is facility specific, discuss evidence of current or prospective rate. If rate is based on resident care requirements, provide an analysis of the last 12-months of rates for this payor source, as appropriate. Identify and discuss any other sources or copayments that are required, e.g., Supplemental Security Income (SSI). Identify any anticipated changes to the reimbursement rate, such as when rates are tied to depreciating capital components.>>

Veteran's Administration (VA)

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
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<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

HMO or Other Private Insurance

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
-------------------------------------	---------------------

<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

Other

<<If applicable, provide narrative discussion of other types of payor sources. Describe source and how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

ASSISTED LIVING & MEMORY CARE – AS IS

Private Pay

In addition to an analysis of the subject's rent rolls, the appraiser and underwriter analyzed the assisted living rents at comparable facilities. A summary of their analysis is provided below.

DRAFT

Rent Comparability Analysis

(Double click inside the Excel Tables to add information. Delete or add rows as needed. This table can be used for either Assisted Living or Memory Care, or duplicated to separate the two.)

Select	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Lender's Conclusion	\$0		\$0		\$0		\$0	

Select	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	

Assisted Living - Private Pay	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type	e.g. Studio		e.g. One Bedroom		e.g. Two Bedroom		e.g. Semi-Private	
Rent Comp 1 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - add lines as needed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion	\$ -		\$ -		\$ -		\$ -	
Underwriter Conclusion	\$ -		\$ -		\$ -		\$ -	

<<Provide narrative discussion of the private pay conclusion. Include a discussion on achieved

rents shown on the rent roll versus asking rates. >>

Medicaid

<<If applicable, provide narrative discussion of state's reimbursement system and how the subject's or tenant's rate is determined. If rate is facility specific, discuss evidence of current or prospective rate. If rate is based on resident care requirements, provide an analysis of the last 12-months of rates for this payor source, as appropriate. Identify and discuss any other sources or copayments that are required (e.g., SSI). >>

Independent Units

In addition to an analysis of the subjects rent rolls, the appraiser and underwriter analyzed the independent living rents at comparable facilities. A summary of their analysis is provided below.

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Rent Comparability Analysis

(Double click inside the Excel Tables to add information)

Independent Living - Private Pay	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Underwriter's Conclusion	\$0		\$0		\$0		\$0	

Independent Living	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type	e.g. Studio		e.g. One Bedroom		e.g. Two Bedroom	
Rent Comp 1 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - <i>add lines as needed</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion	\$ -		\$ -		\$ -	
Underwriter Conclusion	\$ -		\$ -		\$ -	

Independent Living - Private Pay	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	

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<<Provide narrative discussion of conclusion. Include a discussion on achieved rents shown on the rent roll versus asking rates. >>

Other Income Breakdown

<<Input effective income conclusions, not gross income.>>

(Double click inside the Excel Tables to add information)

Underwriter's Breakdown of "Other" Income			
Line	Description	Annual Amount	Per Occupied Day/Unit
A			
B			
C			
D			
E			
F			
Total		0	

<<Provide narrative discussion and support for each other income category as appropriate. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support their conclusion, as appropriate.

~~Example: **Additional Personal Care Fees:** The project bases additional care fees on levels of care needed as determined by the initial assessment and subsequent assessments as needed. The appraiser concludes to a net amount of \$X annually. The underwriter has analyzed the history to determine the average monthly charge of \$X, net of vacancies. Insert historical or comparable data as appropriate.~~

~~Example: **Second Occupant Income:** The appraiser has included a net annual projection of X second occupants at \$X per month. Over the last 12 months, the facility has averaged X second occupants per month. Competitive facilities in the market place report second occupant charges ranging between \$X and \$X with a range of X to X second occupants. Based on the history and the market, the underwriter concurs with the appraiser's conclusion for a net annual income of \$X.~~

~~Example: **Miscellaneous Income:** In addition to room rents, additional care, and second occupant income, the project receives miscellaneous income from X (list miscellaneous). The appraiser has included a net annual projection of \$X. Historically, typical miscellaneous income is between x and x percent of effective income. The appraiser's conclusion is x. The underwriter has concluded to a net \$X per annum (calculation shown).~~

Expenses – As Is

The appraiser concludes to total expenses of \$ including reserve for replacement of \$. The underwriter concludes to total expenses of \$ including reserve for

replacement of \$. An analysis of subject's history is provided below. The appraiser also compared the subject's expense conclusions to comparable projects located in .

<<Explain how the appraiser's expenses used for valuing the facility differ from the expenses used by the lender for the Debt Service Coverage analysis. Typically, these may differ in the categories of reserves, management fee, and taxes. The appraiser's numbers will represent market expenses and the lender's expenses for DSC analysis will represent what will actually be paid. >

Historic Comparison

<<The data in the following table must be in totals, not per resident day or per occupied unit. Cells with grey shading will calculate automatically. You are given some latitude in defining the expense categories. The expense categories in black text are required items. ~~You have the option of presenting the current year's expense data in an annualized amount or in the form of trailing 12 months (T-12) of expense.~~ The lender must include the most current historical income and expense data available to them, and not the dated information from the appraisal.>>

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Expense Analysis –Subject – As Is
(Use totals not per patient day/occupied bed)
(Double click inside the Excel Table to add information)

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	Year Ending 12/31/09	Year Ending 12/31/10	Year Ending 12/31/2011	T-12 or YTD (specify dates)	As-Is Appraisal (Market)	As-Is Lender's (Market)
Expense Categories						
e.g. General & Administrative						
e.g. Payroll Taxes and Benefits						
e.g. Resident Care						
e.g. Food Services						
e.g. Activities						
e.g. Housekeeping & Laundry						
e.g. Maintenance						
e.g. Utilities						
e.g. Marketing and Promotion						
e.g. Insurance (property & liability)						
e.g. Bad Debt						
Sub-total	\$0	\$0	\$0	\$0	\$0	\$0
Real Estate (Property) Taxes						
Management Fees						
Replacement Reserves						
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Normalization Calculations						
Deduct Actual Taxes	\$0	\$0	\$0	\$0		
Add Market Rate Taxes	\$0	\$0	\$0	\$0		
Deduct Actual Management Fee	\$0	\$0	\$0	\$0		
Add Market Management Fee @ enter %	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Deduct Actual Reserves for Replacement	\$0	\$0	\$0	\$0		
Add Market Reserves by Appraiser	\$0	\$0	\$0	\$0		
Normalized Expenses	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Normalized Expense Percentage	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Normalized Expense per Res Day OR Occ. Unit	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Key Data	Year Ending 12/31/09	Year Ending 12/31/10	Year Ending 12/31/2011	T-12 or YTD (specify dates)	As-Is Appraisal (Market)	As-Is Lender's (Market)
Effective Gross Income						
Net Operating Income	\$0	\$0	\$0	\$0	\$0	\$0
Normalized Net Operating Income	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Potential # Res Days (beds x 365) OR Units Annually (units x 12)						
Actual # Res Days (SNF) OR Occ. Units (ALF or IL)						

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Expense Categories	Year Ending xx/xx/xx	Year Ending xx/xx/xx	Year Ending xx/xx/xx	T-12 Ending xx/xx/xx	Appraisal (Market)	Lender's DSC
e.g. General & Administrative						
e.g. Payroll Taxes and Benefits						
e.g. Resident Care						
e.g. Food Services						
e.g. Activities						
e.g. Housekeeping & Laundry						
e.g. Maintenance						
e.g. Utilities						
e.g. Insurance (property & liability)						
e.g. Marketing and Promotion						
e.g. Ground Rent						
e.g. Bad Debt						
Other (add lines as needed)						
Sub-total	\$0	\$0	\$0	\$0	\$0	\$0
Real Estate (Property) Taxes						
Management Fees						
Replacement Reserves						
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Normalization Calculations						
Deduct Actual Taxes	\$0	\$0	\$0	\$0		
Add Market Rate Taxes	\$0	\$0	\$0	\$0		
Deduct Actual Management Fee	\$0	\$0	\$0	\$0		
Add Market Management Fee @ 0.0%	\$0	\$0	\$0	\$0		
Deduct Actual Reserves for Replacement	\$0	\$0	\$0	\$0		
Add Market Reserves by Appraiser	\$0	\$0	\$0	\$0		
Normalized Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Normalized Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Actual # Res. Days from Occupancy table						
Normalized Expense per Res Day	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income						
Net Operating Income	\$0	\$0	\$0	\$0	\$0	\$0
Normalized Net Operating Income	\$0	\$0	\$0	\$0	\$0	\$0

Comparable Expense Data

<<Unlike the previous table, the information for the expense comparables should be entered on a per resident day basis (# beds x 365 x occupancy rate) or per occupied unit basis (# units x 12 x occupancy rate). A minimum of three expense comps are required. More columns or tables can be added if needed.>>

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Expense Analysis –Comparables – As Is
(Double click inside the Excel Tables to add information)

Expense Comparables - As Is	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Appraiser's Conclusion
Expense Categories	Comp 1	Comp 2	Comp 3	Comp 4	Comp 5	
e.g. General & Administrative						
e.g. Payroll Taxes and Benefits						
e.g. Resident Care						
e.g. Food Services						
e.g. Activities						
e.g. Housekeeping & Laundry						
e.g. Maintenance						
e.g. Utilities						
e.g. Marketing and Promotion						
e.g. Insurance (property & liability)						
e.g. Bad Debt						
Sub-total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Real Estate (Property) Taxes						
Management Fees						
Replacement Reserves						
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income						
Net Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupancy						
Number of Res Days OR Occ. Units						
Date of Expense Information	e.g. Jul-12					
Adjustment amount applied for date	0.0%	0.0%	0.0%	0.0%	0.0%	

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<<Provide narrative discussion of comparable information. The appraiser should trend the expense comparables to the effective date of the appraisal. An explanation of the adjustments should be included here. Explain any other adjustments made to the comparables such as for normalization of reserves, management fee, taxes, etc., required to put the comparables on the same footing as the subject. For skilled nursing and other facilities, resident days are more appropriate than occupied units. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

Net Operating Income (NOI) – As Is

<<Provide narrative discussion as necessary. Summarize and compare the NOI of the appraiser and the lender's NOI that incorporates all potential changes to incomes and expenses. Typically, the lender would explain here that the appraiser's "market" NOI was used for valuation and loan sizing based on value. The lender's NOI, which may vary from the appraiser's due to the Office of Residential Care Facilities (ORCF) requirements (e.g., specific reserve requirements, tax abatements that the appraiser was not allowed to recognize, or

unusual management fees) will be used for loan sizing based on Debt Service Coverage.>>

~~<<Reproduce or paste the pro forma that follows. If the lender disagrees with the appraiser's value conclusion, present a separate pro forma for both the lender's conclusions and the appraiser's conclusions. A separate pro forma is not required to show the underwriter's conclusions for debt coverage (i.e., when expenses for management fee, reserves, or taxes will differ from the appraiser's market conclusion).~~

~~At a minimum, the pro forma supplied needs to:~~

- ~~• Summarize the income by source. The income detail needs to be sufficient to show a line item for each source that a specific rate was concluded. Include the payor type (i.e., Medicare, Medicaid, private pay, etc.) and the care type (i.e., AL, MC, IL, SNF), and the room type (i.e., private, ward, one bedroom, studio, etc.). A count of each type should also be shown.~~
- ~~• Show occupancy assumptions and the assumed number of resident days OR occupied units.~~
- ~~• Show the conclusions for the major expense categories.~~
- ~~• Show the NOI, EGI, expense per bed OR unit, and the overall expense percentage. It is not necessary to show the Potential Gross Income.~~

~~If the appraiser's pro forma does not include sufficient detail, the following table may be used or adapted to produce a pro forma acceptable to ORCF. The input fields are shaded. Non shaded fields are automatic calculations. Double click the table to open for editing.>>~~

Pro Forma - Appraiser's Conclusions

☐ Enter X to convert to "Per Occupied Unit" (ALF/Indep. only). Otherwise figures shown are "Per Resident Day"
Enter Number of Beds (Account for second occupants in Other Income.)

Income Source (separate line for each concluded rate)	Rate Per Resident Day	what % of total units are this type?	Occupancy % for this type*	# of Resident Days/year	Source Total Annually	% of EGI
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0	#DIV/0!
Residential Income Total		0.0%	0.0%	0	\$0	#DIV/0!

Other Income Sources	Other Inc. @ Forecasted Occupancy	% of EGI	Per Resident Day
e.g. Therapy	\$0	#DIV/0!	#DIV/0!
e.g. Level of Care Fees	\$0	#DIV/0!	#DIV/0!
e.g. Second Occupant Fees	\$0	#DIV/0!	#DIV/0!
e.g. Misc/Assessment Fees	\$0	#DIV/0!	#DIV/0!
Other Income Total	\$0	#DIV/0!	#DIV/0!

Effective Gross Income \$0

Expense Categories	Dollars Annually	% of EGI	Per Resident Day
e.g. General & Administrative	\$0	#DIV/0!	#DIV/0!
e.g. Payroll Taxes and Benefits	\$0	#DIV/0!	#DIV/0!
e.g. Resident Care	\$0	#DIV/0!	#DIV/0!
e.g. Food Services	\$0	#DIV/0!	#DIV/0!
e.g. Activities	\$0	#DIV/0!	#DIV/0!
e.g. Housekeeping & Laundry	\$0	#DIV/0!	#DIV/0!
e.g. Maintenance	\$0	#DIV/0!	#DIV/0!
e.g. Utilities	\$0	#DIV/0!	#DIV/0!
e.g. Marketing and Promotion	\$0	#DIV/0!	#DIV/0!
e.g. Insurance (property & liability)	\$0	#DIV/0!	#DIV/0!
e.g. Collection Loss/Bad Debt	\$0	#DIV/0!	#DIV/0!
Sub-total	\$0	#DIV/0!	#DIV/0!
Real Estate (Property) Taxes	\$0	#DIV/0!	#DIV/0!
Management Fees	\$0	#DIV/0!	#DIV/0!
Replacement Reserves	\$0	#DIV/0!	#DIV/0!
Total Expenses	\$0	#DIV/0!	#DIV/0!

Net Operating Income \$0

<<Provide narrative discussion as necessary. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

Capitalization Rate – As Is

<<The selection of the capitalization rate should be primarily based on recent sales rather than from investment models. Ideally, these rates would come from the Building Sales Comparables. However, these are often chosen by location before sale date. Recent cap rate data should be included every time, even if an additional set of cap rate comps or a survey needs to be introduced. In the table below, please add columns or duplicate the table as needed to accommodate additional comps.>>

1033

(Double click inside the Excel Tables to add information)

Capitalization Rate Summary	City	State	Cap Rate	Type of NOI	Private Pay %	Medicare %	Medicaid %	Date of Sale	Year Built	Occ. %	Source of Income Data
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
Comparable Total/Average			#DIV/0!								
Compare to Appraiser's Conclusion for Subject				Prospective							

1034

Capitalization Rate Summary	Hope Healthcare Anywhere, XX Comp 1	Hope Healthcare Anywhere, XX Comp 1	Hope Healthcare Anywhere, XX Comp 3	Hope Healthcare Anywhere, XX Comp 4	Hope Healthcare Anywhere, XX Comp 5	Comp. Average	Appraiser Conclusion	Underwriter Conclusion
Capitalization Rate								
Identify Source of Income Data								
Uses Retro or Prospective NOI								
Date of Sale								
Year Built								

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1037 <<Provide narrative discussion as necessary. If the subject was sold within the past 3 years,
 1038 include the cap rate analysis here. An equivalent analysis of the information provided above is
 1039 required. For continuum of care facilities (e.g., skilled and assisted living), it may be
 1040 appropriate to provide a separate schedule for each care type. Additional analysis can be
 1041 provided at the lender's option to support its conclusion, as appropriate.>>
 1042

1043 Sales Comparison Approach – As Is

1044 <<If large adjustments are required in the sales comparison approach, extra attention and
 1045 explanation are required to support the determination of the adjustments. Generally, those sales
 1046 that require the smallest adjustment are the most desirable.>>
 1047

1048 Summary of Comparable Sales Data

1049

(Double click inside the Excel Tables to add information)

Summary of Comparable Sales	City	State	Sales Price	# of Units/Beds	Price Unadjusted	Price Adjusted	Year Built	Date of Sale
Sales Comp 1 - Name					#DIV/0!			
Sales Comp 2 - Name					#DIV/0!			
Sales Comp 3 - Name					#DIV/0!			
Sales Comp 4 - Name					#DIV/0!			
Sales Comp 5 - Name					#DIV/0!			
Sales Comp 6 - Name					#DIV/0!			
Sales Comp 7 - Name					#DIV/0!			
Sales Comp 8 - Name					#DIV/0!			
Sales Comp 9 - Name					#DIV/0!			
Sales Comp 10 - Name					#DIV/0!			
Comparable Total/Average					#DIV/0!	#DIV/0!		

1050

Summary of Comparable Sales Data		Comparable 1	Comparable 2	Comparable 3	Comparable 4	Comparable 5	Average	Appraisal	UW
		Hope Healthcare Anywhere, XX							
Price Per (specify Unit OR Bed)	Unadjusted						#DIV/0!		
	Adjusted						#DIV/0!		
	Net Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
	EGIM						#DIV/0!		
	Expense Ratio						#DIV/0!		
	Year Built								
	Date of Sale								

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1052

1053 Price per Unit/Bed – As Is

1054 <<Provide narrative discussion and summary of the appraisal conclusions. For continuum of
1055 care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate
1056 analysis for each care type. Include a general discussion of adjustments made to the sales and
1057 the comparables that best represent the subject facility. Additional analysis can be provided at
1058 the lender's option to support its conclusion, as appropriate.>>
1059

1060 Effective Gross Income Multiplier (EGIM) – As Is

1061 <<Provide narrative discussion. An equivalent analysis of the information provided above is
1062 required. For continuum of care facilities (e.g., skilled and assisted living), it may be
1063 appropriate to provide a separate analysis for each care type. Additional analysis can be
1064 provided at the lender's option to support its conclusion, as appropriate. >>
1065

1066 Subject Purchases

1067 <<Provide analysis of subject's purchase price for all sales that have occurred within the last 3
1068 years. (The analysis should provide: date of purchase; purchase price; whether the purchase
1069 was an arms-length transaction; and the financing term. In addition, the analysis should also
1070 state whether the sale was a market price. If not, explain.)>>
1071

1072 Cost Approach – As Is

1073 Development Costs

1074 <<Provide narrative discussion. If this approach was not expanded by the appraiser, indicate
1075 so here. Instead of deleting the remainder of the subsection, provide any lender insights in each
1076 category.>>
1077

1078 Depreciation

1079 <<Provide narrative discussion of depreciation assumptions and conclusion.>>
1080

Major Movable Equipment

<<Provide narrative discussion of assumptions and conclusion. Address discrepancies between appraiser and cost analyst. Additionally, address ownership of the major movable equipment (e.g., borrower or operator). >>

Marketing Allowance

<<Provide narrative discussion.>>

Land Value

<<Provide narrative discussion of assumptions and conclusion. A land valuation is no longer required if the cost approach is not utilized.>>

Overall Value Reconciliation – As Is

<<Provide narrative discussion of how the value approaches were reconciled to reach the final conclusions. The statement may be simple. For example: “As demonstrated in the Appraisal Overview section above, the underwritten value conclusion is based on the income approach to value.” If the value conclusion is based on weighting multiple approaches provide an explanation of the rationale.>>

(Double click inside the Excel Tables to add information)

As-Is		
Market Value Summary		
Approach	Appraisal	Underwriter
Income Capitalization		
Sales Comparison		
Cost Approach (if utilized)		
Conclusion:		

Lender Modifications – As Is

<<State if the lender concurs or not with the appraiser’s value conclusion. When there is a disagreement, summarize the valuation modifications made by the lender underwriter. Insert a pro forma to highlight the differences in conclusions as needed. View the appraisal as a tool to do your underwriting and loan sizing correctly. Lenders should not use a value they disagree with and are allowed to use a lower value/NOI for loan sizing purposes. If lenders feel they are prohibited from doing this, they should cite the FIREA rule at issue in the narrative.>>

Income Capitalization Approach – As RehabilitatedProposed

Market Occupancy and Census Mix – As RehabilitatedProposed

<<The percentages should be based on people not dollars.>>An analysis of the subject and market comparable census mix is provided below:

Census Mix – Subject History

(% of beds)

(Double click inside the Excel Table to add information)

Care Type	Comparable Name	Occupancy	Survey Time Period	Private Pay	Medicare	Medicaid	Veterans Admin	HMO (Insurance)	Other	Total
Select	Subject (Currently Achieving)		Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Averages		#####		#####	#####	#####	#####	#####	#####	
Appraisal (Market)		#####		#####	#####	#####	#####	#####	#####	
Lender's (DSC)		#####		#####	#####	#####	#####	#####	#####	

Source	Year ending xx/xx/xx	Year ending xx/xx/xx	Year ending xx/xx/xx	YTD or T-12 (specify dates)	Appraisal	UW
Private-pay	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Welfare (Medicaid)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. V.A.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. HMO (Insurance)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e.g. Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

<<Provide a brief narrative discussion of the census mix conclusions. Address any significant shifts in census mix from one Payor source to another. >>

<<The number of competitors will depend on the size of the market. Please expand or reduce the chart above as needed. Discuss the the reliability of the market averages.>>

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Census Mix – Market Comparables
-(% of beds not revenue)
(Double click inside the Excel Table to add information)

Local Market Census Mix - As Is	Private-pay	Medicare	Medicaid	e.g. V.A.	e.g. HMO (Insurance)	e.g. Other	Total
Comp 1 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 2 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 3 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 4 - (Name)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comp 5 - (Name) <i>add rows as needed</i>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subject - Appraiser's Forecast	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Market Average	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

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Effective Gross Income – As Rehabilitated

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(Double click inside the Excel Tables to add information)

Period	Appraisal (Market)			Lender (for DSCR)		
Income Source	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day
SN-Private-pay			#DIV/0!			#DIV/0!
SN-Medicaid			#DIV/0!			#DIV/0!
SN-Medicare (Part A)			#DIV/0!			#DIV/0!
SN-HMO/Ins/Medicare (Part C)			#DIV/0!			#DIV/0!
SN-Veterans Admin (VA)			#DIV/0!			#DIV/0!
SN-Other Payors			#DIV/0!			#DIV/0!
AL/B&C-Private-pay			#DIV/0!			#DIV/0!
AL/B&C-Medicaid			#DIV/0!			#DIV/0!
MC-Private-pay			#DIV/0!			#DIV/0!
MC-Medicaid			#DIV/0!			#DIV/0!
MC-Other Payors			#DIV/0!			#DIV/0!
IL-Private-pay			#DIV/0!			#DIV/0!
IL-Other Payors			#DIV/0!			#DIV/0!
Residential Revenue Achieved	\$0	0	#DIV/0!	\$0	0	#DIV/0!
Medicare Part B						
e.g. Therapy						
e.g. Level of Care Fees						
e.g. Second Occupant Fees						
e.g. Commercial Space						
e.g. Day Care						
Effective Gross Income	\$0	0	#DIV/0!	\$0	0	#DIV/0!

1136

~~<<Provide narrative discussion of conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide the above analysis for each care type. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>~~

1141

Rents—As Proposed

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<< Above you are asked to report the number of resident days, not occupied units. Although Assisted Living is typically reported on an occupied unit basis, we ask that you convert that number to resident days. Do not enter potential gross incomes here, but rather effective gross income, wherein vacancy has already been accounted for.>>

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<<Provide narrative discussion and support for each other income category as appropriate
A few examples follow:

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Additional Personal Care Fees

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The project bases additional care fees on levels of care needed as determined by the initial assessment and subsequent assessments as needed. The appraiser concludes to a net amount of

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\$X annually based on his analysis of comparable data <<insert comparable data as appropriate. Identify any modification from the appraiser's concluded fees and provide justification.>>

Second Occupant Income

The appraiser has included a net annual projection of X second occupants at \$X per month. Competitive facilities in the market place report second occupant charges ranging between \$X and \$X with a range of X to X second occupants. Based on the market, the underwriter concurs with the appraiser's conclusion for a net annual income of \$X. Identify any modification from the appraiser's concluded fees and provide justification.

Miscellaneous Income <<delete paragraph if not applicable>>

In addition to room rents, additional care, and second occupant income, the project will receive miscellaneous income from <<list miscellaneous>>. The appraiser has included a net annual projection of \$X. Typically, miscellaneous income is between x and x percent of effective income. The appraiser's conclusion is x. The underwriter has concluded to a net \$X per annum (calculation shown). Identify any modification from the appraiser's concluded fees and provide justification.>>

Rents – As Rehabilitated

The rent schedule is currently as follows:

<<Insert a summary chart of the rent schedule here that shows rents, number of units, and room/service types.>>

<<Discuss the subject Rent Schedule. For skilled nursing and other facilities, a daily rate may be more appropriate than a monthly conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

<<INSTRUCTIONS: Each type of care should have its own subsection below discussing the payor source identified in the rent schedule, as demonstrated below. You may delete the sections (skilled nursing, assisted living, and independent living) that do not apply to your subject. >>

SKILLED NURSING – AS REHABILITATEDPROPOSED

Private Pay

In addition to an analysis of the subject's rent roll, the appraiser and underwriter analyzed the private pay rates at X comparable facilities. A summary of their analysis is provided below.

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Private Pay Rates Comparability Analysis
(Double click inside the Excel Tables to add information)

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Skilled Nursing - Private Pay	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0		\$0		\$0		\$0	
Rent Comp 1 - Name	\$0	e.g. superior	\$0		\$0		\$0	
Rent Comp 2 - Name	\$0	e.g. care extra	\$0		\$0		\$0	
Rent Comp 3 - Name	\$0	e.g. most similar	\$0		\$0		\$0	
Rent Comp 4 - Name	\$0		\$0		\$0		\$0	
Rent Comp 5 - Name	\$0		\$0		\$0		\$0	
Rent Comp 6 - Name	\$0		\$0		\$0		\$0	
Rent Comp 7 - Name	\$0		\$0		\$0		\$0	
Rent Comp 8 - Name	\$0		\$0		\$0		\$0	
Rent Comp 9 - Name	\$0		\$0		\$0		\$0	
Rent Comp 10 - Name	\$0		\$0		\$0		\$0	
Market Average	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Lender's Conclusion	\$0		\$0		\$0		\$0	

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Skilled Nursing - Private Pay	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type	e.g. Private Room		e.g. Semi-Private		e.g. Ward		e.g. Sub-Acute	
Rent Comp 1 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - add lines as needed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Underwriter Conclusion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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Skilled Nursing - Private Pay	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0		\$0		\$0		\$0	
Rent Comp 1 - Name	\$0	e.g. superior	\$0		\$0		\$0	
Rent Comp 2 - Name	\$0	e.g. care extra	\$0		\$0		\$0	
Rent Comp 3 - Name	\$0	e.g. most similar	\$0		\$0		\$0	
Rent Comp 4 - Name	\$0		\$0		\$0		\$0	
Rent Comp 5 - Name	\$0		\$0		\$0		\$0	
Rent Comp 6 - Name	\$0		\$0		\$0		\$0	
Rent Comp 7 - Name	\$0		\$0		\$0		\$0	
Rent Comp 8 - Name	\$0		\$0		\$0		\$0	
Rent Comp 9 - Name	\$0		\$0		\$0		\$0	
Rent Comp 10 - Name	\$0		\$0		\$0		\$0	
Market Average	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Appraisal Conclusion	\$0		\$0		\$0		\$0	

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<<Provide narrative discussion of private pay rate conclusion. Discuss how the rate conclusion compares to the achieved rents shown on the rent roll. Expand or shorten the table above as needed to accommodate the types of rooms or the number of comparables used. Additional analysis can be provided at the Lender's option to support its conclusions, as appropriate. Identify any modification from the appraiser's concluded rent and provide justification. >>

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Medicare

Daily rate – Underwriting: \$ _____	Appraisal: \$ _____
Subject’s historical average _____	Time period of _____
RUG Rate: \$ _____	quoted average: _____

<<Identify any anticipated changes to the reimbursement rate. Provide narrative discussion of conclusion. For example: “The appraiser provided a detailed Resource Utilization Group (RUG) rate analysis of the facility’s operation over the last 12-month operating period. The analysis concluded a weighted average Medicare rate of \$XX PRD. The RUG Rates used to determine the average rate are based on the <<DATE>> rates. The underwriter concurs with the appraiser’s conclusion.”>>

Medicaid

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
Published Rate: \$ _____	Date of Rate _____

<<Provide narrative discussion of the state’s reimbursement system and how the subject’s or tenant’s rate is determined. If rate is facility specific, discuss evidence of current or prospective rate. If rate is based on resident care requirements, provide an analysis of the last 12-months of rates for this payor source, as appropriate. Identify and discuss any other sources or copayments that are required, e.g., Supplemental Security Income (SSI). Identify any anticipated changes to the reimbursement rate, such as when rates are tied to depreciating capital components .>>

Veteran’s Administration (VA)

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
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<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

HMO or Other Private Insurance

Daily Rate – Underwriting: \$ _____	Appraisal: \$ _____
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<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

Other

<<If applicable, provide narrative discussion of other types of payor sources. Describe source and how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

ASSISTED LIVING & MEMORY CARE – AS ~~REHABILITATED~~PROPOSED

Private Pay

In addition to an analysis of the subject's rent rolls, the appraiser and underwriter analyzed the assisted living rents at comparable facilities. A summary of their analysis is provided below.

Rent Comparability Analysis

(Double click inside the Excel Tables to add information)

Select	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Underwriter's Conclusion	\$0		\$0		\$0		\$0	

Assisted Living - Private Pay		Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type		e.g. Studio		e.g. One Bedroom		e.g. Two Bedroom		e.g. Semi-Private	
Rent Comp 1 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - <i>add lines as needed</i>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion		\$ -		\$ -		\$ -		\$ -	
Underwriter Conclusion		\$ -		\$ -		\$ -		\$ -	

Select	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	

<<Provide narrative discussion of the private pay conclusion. Include a discussion on achieved rents shown on the rent roll versus asking rates. >>

Medicaid

<<If applicable, provide narrative discussion of state's reimbursement system and how the subject's or tenant's rate is determined. If rate is facility specific, discuss evidence of current or prospective rate. If rate is based on resident care requirements, provide an analysis of the last 12-months of rates for this payor source, as appropriate. Identify and discuss any other sources or copayments that are required (e.g., SSI). >>

Independent Units

In addition to an analysis of the subjects rent rolls, the appraiser and underwriter analyzed the independent living rents at comparable facilities. A summary of their analysis is provided below.

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Rent Comparability Analysis

(Double click inside the Excel Tables to add information)

Independent Living - Private Pay	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	
Underwriter's Conclusion	\$0		\$0		\$0		\$0	

Independent Living	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Unit/Care Type	e.g. Studio		e.g. One Bedroom		e.g. Two Bedroom	
Rent Comp 1 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 2 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 3 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 4 - (Name)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent Comp 5 - (Name) - <i>add lines as needed</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject (Current Achieving)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Market Average	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Appraisal Conclusion	\$ -		\$ -		\$ -	
Underwriter Conclusion	\$ -		\$ -		\$ -	

Independent Living - Private Pay	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 1 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 2 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 3 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 4 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 5 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 6 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 7 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 8 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 9 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Comp 10 - Name	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion	\$0		\$0		\$0		\$0	

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<<Provide narrative discussion of conclusion. Include a discussion on achieved rents shown on the rent roll versus asking rates. >>

Other Income Breakdown

<<Input effective income conclusions, not gross income.>>

(Double click inside the Excel Tables to add information)

Underwriter's Breakdown of "Other" Income			
Line	Description	Annual Amount	Per Occupied Day/Unit
A			
B			
C			
D			
E			
F			
Total		0	

<<Provide narrative discussion and support for each other income category as appropriate. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender's option to support their conclusion, as appropriate.

Example: Additional Personal Care Fees: The project bases additional care fees on levels of care needed as determined by the initial assessment and subsequent assessments as needed. The appraiser concludes to a net amount of \$X annually. The underwriter has analyzed the history to determine the average monthly charge of \$X, net of vacancies. Insert historical or comparable data as appropriate.

Example: Second Occupant Income: The appraiser has included a net annual projection of X second occupants at \$X per month. Over the last 12 months, the facility has averaged X second occupants per month. Competitive facilities in the market place report second occupant charges ranging between \$X and \$X with a range of X to X second occupants. Based on the history and the market, the underwriter concurs with the appraiser's conclusion for a net annual income of \$X. _____

Example: Miscellaneous Income: In addition to room rents, additional care, and second occupant income, the project receives miscellaneous income from X (list miscellaneous). The appraiser has included a net annual projection of \$X. Historically, typical miscellaneous income is between x and x percent of effective income. The appraiser's conclusion is x. The underwriter has concluded to a net \$X per annum (calculation shown). >>_____

Expenses – As Rehabilitated~~Proposed~~

Comparable Expense Data – As Rehabilitated~~Proposed~~

Expense Analysis –Comparables

(Double click inside the Excel Table to add information)

Expense Comparables - As Is	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX	Hope Healthcare Anywhere, XX
Expense Categories	Comp 1	Comp 2	Comp 3	Comp 4	Comp 5
e.g. General & Administrative					
e.g. Payroll Taxes and Benefits					
e.g. Resident Care					
e.g. Food Services					
e.g. Activities					
e.g. Housekeeping & Laundry					
e.g. Maintenance					
e.g. Utilities					
e.g. Marketing and Promotion					
e.g. Insurance (property & liability)					
e.g. Bad Debt					
Sub-total	\$ -	\$ -	\$ -	\$ -	\$ -
Real Estate (Property) Taxes					
Management Fees					
Replacement Reserves					
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income					
Net Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -
Occupancy					
Number of Res Days OR Occ. Units					
Date of Expense Information	e.g. Jul-12				
Adjustment amount applied for date	0.0%	0.0%	0.0%	0.0%	0.0%

1318

(Double click inside the Excel Table to add information)

Expense Categories	As-Proposed Appraisal (Market)		As-Proposed Lender (Market)		As-Proposed Lender (DSCR)	
	Total	Per Occpd. Unit/Bed	Total	Per Occpd. Unit/Bed	Total	Per Occpd. Unit/Bed
e.g. General & Administrative		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Payroll Taxes and Benefits		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Resident Care		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Food Services		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Activities		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Housekeeping & Laundry		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Maintenance		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Utilities		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Marketing and Promotion		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Insurance (property & liability)		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!
Sub-total	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Real Estate (Property) Taxes		\$1.00		\$1.00		\$1.00
Management Fees		#DIV/0!		#DIV/0!		#DIV/0!
Replacement Reserves		#DIV/0!		#DIV/0!		#DIV/0!
Total Expenses	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income		#DIV/0!		#DIV/0!		#DIV/0!
Net Operating Income	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Occupancy	#DIV/0!		#DIV/0!		#DIV/0!	
Potential # Res Days OR Units Annually						
Actual # Res Days OR Occ. Units						

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<<Provide narrative discussion of comparable information. The appraiser should trend the expense comparables to the effective date of the appraisal. An explanation of the adjustments should be included here. Explain any other adjustments made to the comparables such as for normalization of reserves/management fee/taxes, etc. required to put the comparables on the same footing as the subject. For skilled nursing and other facilities, resident days are more appropriate than occupied units. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type. >>

1330

Net Operating Income – As Rehabilitated Proposed

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<<Provide narrative discussion as necessary. Summarize and compare the NOI of the appraiser and the lender's NOI that incorporates all potential changes to incomes and expenses. Typically, the lender would explain here that the appraiser's "market" NOI was used for valuation and loan sizing based on value. The lender's NOI, which may vary from the

appraiser's due to ORCF requirements (e.g., specific reserve requirements, tax abatements that the appraiser was not allowed to recognize, or unusual management fees) will be used for loan sizing based on debt service coverage. >>

~~<<Below reproduce or paste the appraiser's pro forma. If the lender disagrees with the appraiser's value conclusion, a separate pro forma with the lender's conclusions should be added in section entitled "Lender Modifications of Value." A separate lender's pro forma is not required to show ORCF required revisions to items such as management fee, reserves, or taxes as part of the Debt Coverage analysis. Those changes will be summarized later in the expense section.~~

~~At a minimum the pro forma supplied needs to:~~

- ~~• Summarize the income by source. The income detail needs to be sufficient to show a line item for each source that a specific rate was concluded. Include the payor type (i.e., Medicare, Medicaid, private pay, etc.), the care type (i.e., AL, MC, IL, or SNF), and the room type (i.e., private, ward, one-bedroom, or studio). A count of each type should also be shown.~~
- ~~• Show occupancy assumptions and the assumed number of resident days or occupied units.~~
- ~~• Show the conclusions for the major expense categories.~~
- ~~• Show the net operating income, effective gross income, expense per bed or unit, and the overall expense percentage. It is not necessary to show the potential gross income.~~

~~If the appraiser's pro forma does not include sufficient detail, the following table may be used or adapted to produce a pro forma acceptable to ORCF. The input fields are shaded. Non shaded fields are automatic calculations. Double click the table to open for editing->>~~

Pro Forma - Appraiser's Conclusions

☐ ◀ Enter X to convert to "Per Occupied Unit" (ALF/Indep. only). Otherwise figures shown are "Per Resident Day"
 Enter Number of Beds ▶ (Account for second occupants in Other Income.)

Income Source (separate line for each concluded rate)	Rate Per Resident Day	what % of total units are this type?	Occupancy % for this type*	# of Resident Days/year	Source Total Annually
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
<<payor source/care type/room type>>	\$0.00	0.0%	0.0%	0	\$0
Residential Income Total		0.0%	0.0%	0	\$0

Other Income Sources	Other Inc. @ Forecasted Occupancy	% of EGI	Per Resident Day
e.g. Therapy	\$0	#DIV/0!	#DIV/0!
e.g. Level of Care Fees	\$0	#DIV/0!	#DIV/0!
e.g. Second Occupant Fees	\$0	#DIV/0!	#DIV/0!
e.g. Misc/Assessment Fees	\$0	#DIV/0!	#DIV/0!
Other Income Total	\$0	#DIV/0!	#DIV/0!

Effective Gross Income \$0

Expense Categories	Dollars Annually	% of EGI	Per Resident Day
e.g. General & Administrative	\$0	#DIV/0!	#DIV/0!
e.g. Payroll Taxes and Benefits	\$0	#DIV/0!	#DIV/0!
e.g. Resident Care	\$0	#DIV/0!	#DIV/0!
e.g. Food Services	\$0	#DIV/0!	#DIV/0!
e.g. Activities	\$0	#DIV/0!	#DIV/0!
e.g. Housekeeping & Laundry	\$0	#DIV/0!	#DIV/0!
e.g. Maintenance	\$0	#DIV/0!	#DIV/0!
e.g. Utilities	\$0	#DIV/0!	#DIV/0!
e.g. Marketing and Promotion	\$0	#DIV/0!	#DIV/0!
e.g. Insurance (property & liability)	\$0	#DIV/0!	#DIV/0!
e.g. Collection Loss/Bad Debt	\$0	#DIV/0!	#DIV/0!
Sub-total	\$0	#DIV/0!	#DIV/0!
Real Estate (Property) Taxes	\$0	#DIV/0!	#DIV/0!
Management Fees	\$0	#DIV/0!	#DIV/0!
Replacement Reserves	\$0	#DIV/0!	#DIV/0!
Total Expenses	\$0	#DIV/0!	#DIV/0!

Net Operating Income \$0

1362
 1363
 1364 <<Provide narrative discussion as necessary. Summarize and compare the NOI of the appraiser
 1365 and the lender's NOI that incorporates all potential changes to incomes and expenses. Typically
 1366 the lender would explain here that the appraiser's "market" NOI was used for valuation and loan
 1367 sizing based on value. The lender's NOI, which may vary from the appraiser's due to HUD
 1368 requirements (e.g., specific reserve requirements, or for tax abatements that the appraiser was not

1369 ~~allowed to recognize, or unusual management fees) will be used for loan sizing based on Debt~~
 1370 ~~Service Coverage. Additional analysis can be provided at the lender's option to support its~~
 1371 ~~conclusion, as appropriate. >>~~

1372

1373 **Capitalization Rate – As RehabilitatedProposed**

1374 <<The selection of the capitalization rate should be based primarily on recent sales rather than
 1375 from investment models. Ideally, these rates would come from the Building Sales Comparables.
 1376 However, these are often chosen by location before sale date. Recent cap rate data should be
 1377 included every time, even if an additional set of cap rate comps or a survey needs to be
 1378 introduced. In the table below, please add columns or duplicate the table as needed to
 1379 accommodate additional comps.>>

1380

1381 (Double click inside the Excel Table to add information)

Capitalization Rate Summary	City	State	Cap Rate	Type of NOI	Private Pay %	Medi-care %	Medi-aid %	Date of Sale	Year Built	Occ. %	Source of Income Data
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
(Comp Name)				Select							Select
Comparable Total/Average			#DIV/0!								
Compare to Appraiser's Conclusion for Subject				Prospective							

1382

Capitalization Rate Summary	Hope Healthcare Anywhere, XX Comp 1	Hope Healthcare Anywhere, XX Comp 1	Hope Healthcare Anywhere, XX Comp 3	Hope Healthcare Anywhere, XX Comp 4	Hope Healthcare Anywhere, XX Comp 5	Comp. Average	Appraiser Conclusion	Underwriter Conclusion
Capitalization Rate								
Identify Source of Income Data								
Uses Retro or Prospective NOI								
Date of Sale								
Year Built								

1383

1384

1385 <<Provide narrative discussion as necessary. An equivalent analysis of the information
 1386 provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it
 1387 may be appropriate to provide a separate schedule for each care type. Additional analysis can
 1388 be provided at the lender's option to support its conclusion

1389

1390 **Sales Comparison Approach – As Rehabilitated**

1391 <<If large adjustments are required in the sales comparison approach, extra attention and
 1392 explanation are required to support the determination of the adjustments. Generally, those sales
 1393 that require the smallest adjustment are the most desirable.>>

Proposed

(Double click inside the Excel Table to add information)

Summary of Comparable Sales		City	State	Sales Price	# of Units/ Beds	Price Unadjusted	Price Adjusted	Year Built	Date of Sale
Sales Comp 1 - Name						#DIV/0!			
Sales Comp 2 - Name						#DIV/0!			
Sales Comp 3 - Name						#DIV/0!			
Sales Comp 4 - Name						#DIV/0!			
Sales Comp 5 - Name						#DIV/0!			
Sales Comp 6 - Name						#DIV/0!			
Sales Comp 7 - Name						#DIV/0!			
Sales Comp 8 - Name						#DIV/0!			
Sales Comp 9 - Name						#DIV/0!			
Sales Comp 10 - Name						#DIV/0!			
Comparable Total/Average						#DIV/0!	#DIV/0!		
Summary of Comparable Sales Data		Comparable 1	Comparable 2	Comparable 3	Comparable 4	Comparable 5	Average	Appraisal	UW
		Hope Healthcare Anywhere, XX							
Price Per (specify Unit OR Bed)	Unadjusted						#DIV/0!		
	Adjusted						#DIV/0!		
	Net Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
EGIM							#DIV/0!		
Expense Ratio							#DIV/0!		
Year Built									
Date of Sale									

Price per Unit/Bed – As RehabilitatedProposed

<<Provide narrative discussion. An equivalent analysis of the information provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate analysis for each care type. Include a general discussion of adjustments made to the sales and which comparables best represent the subject facility. Additional analysis can be provided at the Lender's option to support its conclusion, as appropriate.>>

Effective Gross Income Multiplier (EGIM) – As RahabilitatedProposed

<<Provide narrative discussion. An equivalent analysis of the information provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate analysis for each care type. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

1413 **Cost Approach – As RehabilitatedProposed**

1414 **Development Cost**

1415 <<Provide narrative discussion. This section is a place for the lender to summarize the cost
1416 conclusions of the appraisal. The costs in this section will be different than those in the Cost
1417 Review Section. This section will focus on market costs, as opposed to the Cost Reviewer Section
1418 that will be geared toward HUD-specific costs, such as Davis-Bacon wages.>>
1419

1420 **Depreciation**

1421 <<With new construction this will normally be not applicable, but if the appraiser concludes
1422 there is external obsolescence, or depreciation associated with a preexisting structure, it should
1423 be discussed here.>>
1424

1425 **Major Movable Equipment**

1426 <<Provide narrative discussion of assumptions and conclusion. Address discrepancies between
1427 appraiser and cost analyst. Additionally, address ownership of the major movable equipment
1428 (e.g., borrower or operator).>>
1429

1430 **Land Value**

1431 <<Provide narrative discussion of assumptions and conclusion. Include an analysis of the
1432 comparable data.>>
1433

Reconciliation – As Is and As Rehabilitated Proposed

(Double click inside the Excel Table to add information)

Market Value Summary				
Approach	Appraisal - As Proposed	Underwriter - As Proposed	Appraisal - As Is	Underwriter - As Is
Income Capitalization				
Sales Comparison				
Cost Approach (if utilized)				
Conclusion:				

As-Proposed Market Value Summary		
Approach	Appraisal	Underwriter
Income Capitalization		
Sales Comparison		
Cost Approach (if utilized)		
Conclusion:		

<<Provide narrative discussion of how the value approaches were reconciled to reach the final conclusions. The statement may be simple. For example, “As demonstrated in the Appraisal Overview section above, the underwritten value conclusion is based on the income approach to value.” If the value conclusion is based on weighting multiple approaches provide an explanation of the rationale.>>

Lender Modifications – As Proposed

<<State if the lender concurs, or not, with the appraiser’s value conclusion. When there is a disagreement, summarize the valuation modifications made by lender underwriter. Insert a pro forma to highlight the differences in conclusions as needed. View the appraisal as a tool to do your underwriting and loan sizing correctly. Lenders should not use a value they disagree with and are allowed to use a lower value/NOI for loan sizing purposes. If lenders feel they are prohibited from doing this, they should cite the FIRREA rule at issue in the narrative.>>

Initial Operating Deficit

Note that existing operations may be considered in the prelease.

(Double click inside the Excel Table to add information)

Unit type	# of Beds	UW Occupancy	# of Preleases	Avg. Monthly Absorption
Assisted Living				
Memory Care				
Skilled Nursing/Sub-Acute				
Independent Living				
Total				
Months to breakeven				
Initial Operating Deficit				

<<Below is the "output screen" of OHP's required IOD model. Double click to open. There are 3 tabs, the first of which is the "Input" screen. At this early stage, the first tab is the only area you will make entries (entry cells are shaded in light blue). Once finished with the entries, return to the "Output Summary Exhibit" tab and click your mouse outside the excel chart to close. All three tabs are to be included as exhibit 1-3A.1. The electronic version of exhibit 1-3A.1, should be submitted as a functioning Excel (or equivalent) workbook. After construction is complete, this workbook will again be used to make draw requests on the IOD escrow account (Details and Draw Request tab). Enter narrative explanations below as needed below.>>

0

Prepared:

1/0/1900

Occupancy Assumptions

Unit Type	Total # Beds	UW Occupancy	Number of Preleases	Avg. Monthly Absorption
e.g. Assisted Living	0	0.00%	0.00	0.00
e.g. Memory Care	0	0.00%	0.00	0.00
e.g. Skilled Nursing or Sub-Acute	0	0.00%	0.00	0.00
e.g. Independent Living	0	0.00%	0.00	0.00
Totals	0	#DIV/0!	0.00	0.00

Rounded Operating Deficit Total:

#DIV/0!

Period	Occupied Units	Occupied Percent	Income per Period	Exp. & Mort. per Period	Income/Loss per Period
Month 1	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 2	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 3	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 4	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 5	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 6	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 7	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 8	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 9	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 10	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 11	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 12	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 13	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 14	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 15	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 16	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 17	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 18	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 19	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 20	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 21	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 22	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 23	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 24	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 25	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 26	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 27	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 28	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 29	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 30	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 31	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 32	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 33	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 34	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 35	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Month 36	0.00	#DIV/0!	\$0	#DIV/0!	#DIV/0!

1468

<< Use form 91128-ORCF to calculate the Initial Operating Deficit. Enter a summary above and a narrative explanation below as needed below.>>

ALTA/ACSM Land Title Survey

Date: _____

Firm: _____

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Are there any differences between the legal description on the survey and legal description included in the pro forma title policy, third party appraisal, Phase 1 and Exhibit A of the Firm Commitment?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Are there any revisions or modification required to the survey prior to closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the survey indicate any boundary encroachments?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Does the survey evidence any buildings encroaching on utility or other easements or rights-of-way?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Are there any unusual circumstances or items that require special attention or conditions?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated and the effect on value or the marketability of the project. For example, "**Encroachments**: The survey indicates an encroachment of the adjoining property fence on the easterly portion of the property. An encroachment endorsement will be received at closing. There is no impact on the value or marketability of the project.>>

Title

Title Search

Date of search: _____

Firm: _____

File number: _____

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Is the title currently vested in an entity or individual other than the proposed borrower?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Does the report indicate that delinquent real estate taxes are owed?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the report indicate any outstanding special assessments?</u>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
4. <u>Does the report identify any outstanding debt that is not disclosed on the borrower's listing of outstanding obligations?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Are there or will there be any Use and Maintenance Agreements associated with this facility?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Pro-forma Policy

Date/time: _____
 Firm: _____
 Policy number: _____

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Is the title vested in an entity or individual other than the proposed borrower?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Are there any covenants, encumbrances, liens, restrictions, or other exceptions indicated on Schedule B-1?</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>If so, are any covenants, liens or restrictions related to environmental factors?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Are there any use or affordability restrictions remaining in effect on the property?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Are there any easements or rights-of-way listed that are not indicated on the survey?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Are there any endorsements included aside from the standard HUD-required endorsements?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Are there any subordination agreements, encroachments or similar issues that require HUD's approval?</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Are there any other matters requiring special consideration, agreements, or conditions that require HUD's attention?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Are there any easements, rights-of-way, encroachments, etc., identified on Schedules B-1 and B-2 that, in the lenders opinion, affect value or the marketability of the project?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion regarding the topic. For example, "**Additional Endorsements:** As described in the Risk Factors section of the narrative, the XXXX does not conform to the past or current zoning requirements. The lender recommends...>>

Environmental

Program Guidance: Handbook 4232.1, Section II, Production, Chapter 7.

It is the lender's responsibility to review the Phase I and all other environmental review documentation to ensure that all environmental requirements are met.

Assistance Prior to Application Submission: Many Federal agencies require contact directly from HUD. This list includes, but is not limited to, State Coastal Zone Management councils, U.S. Fish and Wildlife service, and local/regional Native American tribes. In this instance, please contact LEANThinking@hud.gov in advance of the application submission.

PROGRAM GUIDANCE: Handbook 4232.1, Section II, Production, Chapter 7.

It is the lender's responsibility to review the Phase I and all other environmental review documentation to ensure that all environmental requirements are met.

Assistance Prior to Application Submission: Many Federal agencies require contact directly from HUD. This list includes, but is not limited to, State Coastal Zone Management councils, U.S. Fish and Wildlife service, and local/regional Native American tribes. In this instance, please contact LEANThinking@hud.gov in advance of the application submission.

Phase I Environmental Site Assessment

Date of inspection: _____

Firm: _____

Consultant: _____

1. Was the Phase I Environmental Site Assessment (ESA) performed in conformance with the scope and limitations of ASTM Practice E 1527-13 (or the most current version)?

Yes

No

☐☐

2. Was the Phase I consultant provided with an accurate description of all repairs, site work, construction and/or demolition to be completed?

☐☐

3. Does the Phase I investigation include all of the following?

A reconnaissance of the subject site and the immediate surrounding area, a review of regulatory agency information, a survey of local geological and topographical maps, a review of aerial photographic studies, a survey of water sources, and a review of historical information.

☐☐

<< Explain any "no" answer above. >>

1524

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Does the Phase I ESA recommend a Phase II assessment, other reports, or additional testing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Does the Phase I or Phase II assessment indicate that remediation is required or ongoing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the Phase I ESA indicate that a monitoring well or testing well (operating or non-operating) is located on the site?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Does the report indicate evidence of any soil staining or distressed vegetation, unusual odors, pools of liquid, leaking containers or equipment, hazardous materials, or other unidentified substances?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Does the report indicate evidence of any chemical misuse or unlawful dumping at the site?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Does the report indicate the presence or suspected presence of any underground storage tanks or aboveground storage tanks on the site?</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Does the report's review of all major governmental databases for listings of potentially hazardous sites within the ASTM required search distances from the property identify any potential contamination concerns for the property?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Do the Phase I or II reports recommend any required repairs?</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Does the Vapor Encroachment Screen identify a "vapor encroachment condition" (VEC)? (The vapor encroachment screen must be performed using Tier 1 "non-invasive" screening pursuant to ASTM E 2600-10 or most recent edition.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Is the Phase I site inspection date more than 180 days before the date the firm commitment application was submitted? A Phase I that was conducted more than 180 days before the application's submission, but not more than one-year before the submission, must be updated pursuant to ASTM E 1527-13 or the most recent edition. (A Phase I ESA that was originally conducted more than one year prior to the application's submission date, even if updated within 180 days of submission, is not acceptable. ORCF is not able to waive this requirement.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Does the land area in the Phase I differ from the land area in the survey and Exhibit A to the Firm Commitment?</u>	<input type="checkbox"/>	<input type="checkbox"/>

1525

1526

Phase I Environmental Site Assessment

1527

Date of inspection: _____

Firm: _____

Consultant: _____

1528

Key Questions

	Yes	No
1. Does the report recommend a Phase II assessment, other reports, or additional testing?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vapor encroachment screen amendment to the Phase I identify a "vapor encroachment condition" (VEC)? <i>(The vapor encroachment screen must be performed using the Tier I "non-invasive" screening pursuant to ASTM E 2600-10.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the report indicate evidence of any soil staining or distressed vegetation, unusual odors, pools of liquid, leaking containers or equipment, hazardous materials or other unidentified substances?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the report indicate evidence of any chemical misuse or unlawful dumping at the site?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the report indicate the presence or suspected presence of any underground storage tanks or aboveground storage tanks on the site?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the report's review of all major governmental databases for listings of potentially hazardous sites within the ASTM required search distances from the property identify any potential contamination concerns for the property?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do the Phase I or Phase II reports recommend any required actions or conditions?	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the Phase I ESA conducted more than 180 days before the firm commitment application was submitted? <i>(This report must not be more than 180 days old at the time of submission. ORCF is not able to waive this requirement.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Program Guidance—Above-ground storage tanks (ASTs):

HUD is required to qualitatively evaluate the risks associated with proximity to hazardous facilities. OHP reviews on Section 232 applications will consider the potential danger presented by liquid fuel and gas aboveground storage tanks (ASTs). When existing or proposed ASTs are located onsite or when offsite tanks are visible from the property, a calculation of the Acceptable Separation Distance must be included in the application.

General Overview

The Phase I Environmental Site Assessment (ESA) was performed in conformance with the scope and limitations of ASTM Practice E 1527-05 <<Because ASTM may amend these requirements, please reference the most current version.>> The investigation specifically included a reconnaissance of the subject site and the immediate surrounding area, a review of regulatory agency information, a survey of local geological and topographical maps, a review of aerial photographic studies, survey of water sources, a review of historical information, and a limited visual inspection for suspect asbestos-containing materials (ACMs).

Lender Comments

<<Provide a brief summary of comments made by underwriter. If none, state none.>>

Radon

Program Guidance: Handbook 4232.1, Section II, Production, Chapter 7.

A radon report is not required for Section 223(f) project applications that are located in Zone 3 of the EPA Map of Radon Zones if they are confirmed to have a low radon risk. Appropriate documentation must be provided to support a low radon risk determination.

Date of Inspection: _____

Firm: _____

Consultant: _____

EPA Radon Zone _____

Key Questions

	<u>Yes</u>	<u>No</u>
<u>Is the subject located in Zone 1 or 2 of the EPA Map of Radon Zones, or Zone 3 without confirmation of low radon risk? (If yes, a radon report is required. If no, move on.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was the radon report conducted by a qualified Radon Professional?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was testing performed no earlier than 1 year prior to application submission?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were occupants informed of the testing in the manner described in AARST MALB 2014?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is mitigation required due to radon levels at or above 4.0 picocuries per liter (4.0 pCi/L)? (If no, move on).</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is a mitigation plan in compliance with ANSI AARST RMS LB 2014, Radon Mitigation Standards for Schools and Large Building included in the repairs?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<Provide narrative discussion of radon risk applicable to the subject project.>>

Lender Comments

<<Provide a brief summary of comments made by underwriter. If none, state none.>>

Radon

Program Guidance: Handbook 4232.1, Section II, Production, Chapter 7.8.

Date of Testing: _____

Firm: _____

Radon Professional: _____

Certification/License

Information:

EPA Radon Zone:

Key Questions

	Yes	No
1. Was the radon report conducted by a qualified Radon Professional?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was testing performed no earlier than 1 year prior to application submission?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were occupants informed of the testing in the manner described in ANSI-AARST MALB-2014 (or more recent edition)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is mitigation required due to radon levels at or above 4.0 picocuries per liter (4.0 pCi/L)? (If no, move on).	<input type="checkbox"/>	<input type="checkbox"/>
a. Is a mitigation plan in compliance with ANSI-AARST RMS-LB 2014, Radon Mitigation Standards for Schools and Large Buildings included in the construction scope of work?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was an Operations and Maintenance Plan included in the application?	<input type="checkbox"/>	<input type="checkbox"/>
<<Provide narrative discussion of radon risk applicable to the subject project.>>		

Other Potential Environmental Concerns

Key Questions

	Yes	No
1. Is the subject located within a designated coastal barrier resource area? (If no, provide evidence.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Noise:		
a. Is the subject located within 5 miles of a civil airport or within 15 miles of a military airfield?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the project located within 1,000 feet of major highways or busy roads?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the project located within 3,000 feet of a railroad?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the subject's marketability impacted by noise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there existing or proposed stationary tanks containing explosive or fire-prone materials on the site or nearby the site that are visible from satellite images or site reconnaissance?	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a safety letter from the state or local fire department NOT provided for each tank? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any wetlands on or adjacent to the subject site?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, will the project impact or disturb wetland areas or their buffer zones?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any repairs or modifications to the project likely to affect any listed or proposed endangered or threatened species or critical habitats?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the subject located on a sole source aquifer?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
7. <u>Are there any known landfills within ½-mile of the site?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Is the project subject to an Activity and Use Limitation, Engineering Control, and/or Institutional Control related to an environmental concern? (If so, provide the information to the Phase I environmental consultant.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Does the project utilize a private water supply? (If so provide evidence that the water quality meets local, state or Federal standards; for example, evidence that the water meets the EPA Primary Drinking Water Standards.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Does the project involve a private sewage treatment system?</u>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Are any on-site structures located within the easement of an overhead high voltage transmission line?</u>	<input type="checkbox"/>	<input type="checkbox"/>
12. <u>Are any buildings located in the fall zone of a support structure for high voltage transmission lines or any other towers?</u>	<input type="checkbox"/>	<input type="checkbox"/>
13. <u>Is any structure located within 10 feet of an easement for a high pressure gas or liquid petroleum transportation pipeline?</u>	<input type="checkbox"/>	<input type="checkbox"/>
14. <u>Is a residential structure located within 300 feet of an operating or abandoned oil or gas well? (If so, refer to Handbook 4232.1, Section II, Production, 7.5.K.3.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
15. <u>Do any of the repairs change the footprint of the building(s)?</u>	<input type="checkbox"/>	<input type="checkbox"/>
16. <u>Does the project site include a structure that was built before 1978? (If no, move on)</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>Was a comprehensive asbestos survey performed by a qualified asbestos inspector pursuant to the “baseline survey” requirements of ASTM E 2356-10 (or most recent edition) NOT provided? (Required for all buildings constructed before 1978. If provided, check “No.”)</u>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Did the asbestos survey identify any friable and/or damaged asbestos?</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Does the project involve asbestos removal? (Asbestos removal may involve additional risk, and may have a direct impact on residents and workers and ongoing facility operations. An operating deficit, for example, may need to be required if removal is to occur after endorsement.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
17. <u>Does the proposal include demolition of a structure that was built before 1978? (If no, move on)</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>Was a comprehensive asbestos survey performed by a qualified inspector pursuant to the “pre-construction survey” requirements of ASTM E 2356-10 (or most recent edition) NOT provided?</u>	<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Other than the aforementioned, are there any other environmental issues identified by the Phase I or II reports or lender’s due diligence?</u>	<input type="checkbox"/>	<input type="checkbox"/>
19. <u>Was a floodplain map with the subject site clearly marked on it NOT provided?</u>	<input type="checkbox"/>	<input type="checkbox"/>
20. <u>Was a preliminary or pending flood map of the project’s location available on the FEMA website? If so, provide a copy of this map with the subject site marked on it.</u>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
21. Was a wetland map with the subject site clearly marked on it NOT provided?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions

	<u>Yes</u>	<u>No</u>
1. Is the project located within a designated coastal barrier resource area	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the project located within 5 miles of a civil airport or within 15 miles of a military airfield?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the project located within 1,000 feet of major highways or busy roads	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the project located within 3,000 feet of a railroad?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there existing or proposed stationary tanks containing explosive or fire-prone materials of 100 gallons or larger on the site or nearby the site that are visible from satellite images or site reconnaissance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any wetlands on the subject site?	<input type="checkbox"/>	<input type="checkbox"/>
• If so, will the project impact or disturb wetland areas or their buffer zones? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any construction of the project likely to affect any listed or proposed endangered or threatened species or critical habitats?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the project located on a sole source aquifer?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any known landfills within 1/2 mile of the site?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are any buildings located in the fall zone of any high voltage power transmission or other towers?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the project include a structure that was built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>
• If so, was a comprehensive asbestos survey performed by a qualified asbestos inspector pursuant to the "baseline survey" requirements of ASTM E 2356-10 provided (required for all buildings constructed before 1978)? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

<< For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

<< For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. For example: **Item 11 - Existing Structures on Site:** A vacant one-story house and two storage sheds currently occupy the site. The current owner of the land will be relocating these structures prior to initial closing, at no cost to the Borrower. Therefore, no off site or demolition costs are anticipated.

Because of the existing structures, we have addressed potential asbestos and lead-based paint concerns. A qualified assessor evaluated the house and outbuildings for asbestos containing materials. A comprehensive asbestos survey was performed pursuant to the "baseline survey" requirements of ASTM E 2356-10 and no asbestos containing materials were identified. A

~~visual inspection by the environmental assessor also indicated that there is no evidence of peeling paint and no suspect lead-based paint containing surfaces were identified. Given the condition of the paint, the fact that the buildings are not occupied, and the fact that they will be relocated prior to the start of construction, the underwriter and the assessor conclude that no further action is warranted.>>_____~~

Site Work, Ground Disturbance or Digging

Program Guidance: Handbook 4232.1, Section II Production, 7.5.

If the project includes any ground disturbance, contact LeanThinking@hud.gov in advance of application submission so that ORCF may initiate agency to agency contact. Include a project description including type of project, purpose of the project, the proposed activities/site work, and the current condition of the site (what is on the site now) as well as a location map, aerial view map, site layout map and a topographic map in your request to Lean Thinking.

Examples of ground disturbance include, but are not limited to, tree removal, burying a tank, new parking, increases in building footprint, adding a new fence, etc. If there is uncertainty regarding what may constitute ground disturbance, contact LeanThinking@hud.gov in advance of application submission.

PROGRAM GUIDANCE: Handbook 4232.1, Section II Production, 7.5.

If the project includes any ground disturbance, contact LeanThinking@hud.gov in advance of application submission so that ORCF may initiate agency to agency contact. Include Exhibit 2-6 in your request to Lean Thinking.

Examples of ground disturbance include, but are not limited to, tree removal, burying a tank, new parking, increases in building footprint, adding a new fence, etc. If there is uncertainty regarding what may constitute ground disturbance, contact LeanThinking@hud.gov in advance of application submission.

Key Questions

	<u>Yes</u>	<u>No</u>
1. Will there be any site work, construction, ground disturbance or digging? (If no, move on)	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a request for Tribal Consultation <u>with Exhibit 2-6</u> submitted to LeanThinking@hud.gov in advance of application submittal?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was a site plan provided showing where site work, ground disturbance and/or digging will occur?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was documentation provided showing that a Section 7 Endangered Species review was completed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was evidence that the project is in compliance with the State's Coastal Zone Management Program provided if located in a designated coastal zone?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the correspondence with the State Historic Preservation Office (SHPO) accurately reflect the proposed site work, ground disturbance or digging as well as any planned repairs and/or construction?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
7. <u>Are there any wetlands on or adjacent to the site that could be potentially impacted by the construction or site work either directly or indirectly via drainage, etc.?</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>If yes, was HUD contacted in advance to conduct an 8 step?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Is the project site located in a flood plain?</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>If the footprint of the building or pavement will be significantly increased, was HUD contacted in advance to conduct the 8-step decision making process (24 CFR Part 55.20)?</u>	<input type="checkbox"/>	<input type="checkbox"/>

1618

1619

1620

Increases in Units or Beds

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Was a request for Tribal Consultation with Exhibit 2-6 submitted to LeanThinking@hud.gov in advance of application submittal?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Was a site plan provided showing where site work, ground disturbance and/or digging will occur?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Was documentation provided showing that a Section 7 Endangered Species review was completed?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Was evidence that the project is in compliance with the State's Coastal Zone Management Program provided if located in a designated coastal zone?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Did the correspondence with the State Historic Preservation Office (SHPO) accurately reflect the proposed site work, ground disturbance or digging as well as any planned repairs and/or construction?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Are there any wetlands on or adjacent to the site that could be potentially impacted by the construction or site work either directly or indirectly via drainage, etc.?</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>If yes, was HUD contacted in advance to conduct an 8 step?</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Are there any current Aboveground Storage Tanks (ASTs) on or directly visible from the site?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Will any Aboveground Storage Tanks be added?</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Was an ASD calculation or mitigation plan submitted for all current or proposed ASTs? (Note that a tank safety letter IS NOT sufficient for projects that are increasing in units or beds. Refer to Handbook chapter 7.5.F.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Was a HUD compliant noise analysis provided?</u>	<input type="checkbox"/>	<input type="checkbox"/>

State Historic Preservation Office (SHPO) Clearance

<<Provide narrative description indicating whether or not SHPO has been contacted, information sent to SHPO, and any response received. For example: "Since we are not making changes to the exterior of the building, there is no impact on any historical property.">>

Key Questions

	Yes	No
1. Are there any known historic preservation issues related to the subject?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have any other archeological or cultural resource centers been consulted? ..	<input type="checkbox"/>	<input type="checkbox"/>

<<As applicable, for each "yes" answer above, provide a narrative discussion on the topic. For example, "We have received a letter from the XXXX State Historic Society, dated XXXX. It was determined that the site is of no historical or suspected cultural significance. No additional investigation was recommended by the State.">>

How did the SHPO respond regarding the Historic Preservation Review?

- ☐ No potential to cause effect.
- ☐ No adverse effect.
- ☐ Adverse effect (explain below):
- ☐ Other (please describe):
- ☐ Not applicable; response has not yet been received.

<<If the SHPO concluded that the project will have an adverse effect, please explain how this will be mitigated.>>

State Historic Preservation Office (SHPO) Clearance

Program Guidance:

The lender may submit a Section 106 request to SHPO in order to expedite the process.

PROGRAM GUIDANCE: Routine maintenance definition.

For SHPO review purposes, HUD has a specific definition of routine maintenance, which may differ from other definitions of routine maintenance. See Notice CPD-16-02 for HUD's definition.

Note, if the answer to Key Questions 4 or 5 is yes, then the SHPO **must** be contacted. The lender may submit a Section 106 request to SHPO in order to expedite the process.

<<Provide narrative description indicating that the SHPO has been contacted, information sent to SHPO, and any response received.>>

~~<<Provide narrative description indicating whether or not SHPO has been contacted, information sent to SHPO, and any response received. For example: "Since we are not making changes to the exterior of the building, and internal repairs are limited to routine maintenance as defined in Notice CPD-16-02 there is no impact on any historical property.">>~~

Key Questions

	<u>Yes</u>	<u>No</u>
1. Was the SHPO contacted?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the SHPO website for the project's state reviewed for any specific information required by that SHPO and was this information provided?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was all correspondence with the SHPO provided in the application?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any known historic preservation issues related to the subject?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the project involve repairs in excess of routine maintenance (as defined in Notice CPD-16-02), construction, or ground disturbance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any other archeological or cultural resource centers been consulted?	<input type="checkbox"/>	<input type="checkbox"/>

~~<<As applicable, for each "yes" answer above, provide a narrative discussion on the topic. For example: "We have received a letter from the XXXX State Historic Preservation Office, dated XXXX. It was determined that the site is of no historical or suspected cultural significance. No additional investigation was recommended by the State." Please indicate if a response has not been received. If the SHPO concluded that the project will have an adverse effect, please explain how this will be mitigated->>~~

Area of Potential Effects

~~Program Guidance: Handbook 4232.1, Section II Production, Chapter 7.
In situations where the SHPO was contacted, provide a description of the Area of Potential Effects (APE) that was included in the correspondence that was sent to the SHPO.
PROGRAM GUIDANCE: Handbook 4232.1, Section II Production, Chapter 7.
In situations where the SHPO was contacted, provide a description of the Area of Potential Effects (APE) that was included in the correspondence that was sent to the SHPO.~~

~~<<Provide a narrative discussion on the Area of Potential Effects. For example: "The subject is located in the X Historic District, so we have determined that the APE is the entire Historic District." Or, "The subject is not located near any properties that are on or eligible for the National Register of Historic Places, so the APE is only the subject site., etc. >>~~

Flood Plain

NFIP Map Panel #: _____
Flood Zone: _____

Date: _____

<< When in Zone X, indicate whether it is designated as X “(shaded)” or “(unshaded)”. When the site is located in multiple flood zones, identify each zone designation. For example: “X (unshaded), X (shaded), AE”.>>

Key Questions

	Yes	No
1. Does the community participate in the National Flood Insurance Program (NFIP)? (A project located in a FEMA-identified special flood hazard area, where the community has been suspended for or does not participate in the NFIP, is not eligible for mortgage insurance.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is flood insurance required for this property?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the subject site located within a 100- year floodplain (1% annual chance flood) or 500-year floodplain(0.2% chance of annual flood)? (If no, move on). (Use the effective FEMA Flood Insurance Rate Map (FIRM) or, when FEMA provides interim flood hazard data such as Advisory Base Flood Elevations, preliminary or pending maps, use the latest of these sources except when the base flood elevations from interim data are lower than the elevations on the current FIRM.)	<input type="checkbox"/>	<input type="checkbox"/>
4. If located in a 100-year or 500-year floodplain, was the 8-step documentation not provided to LEANThinking@hud.gov in advance of application submission? If located in a 100-year or 500-year floodplain*, is the 8-step documentation provided in the application materials?	<input type="checkbox"/> N/A	<input type="checkbox"/>

<<Provide a narrative discussion evaluating the floodplain exhibits.>> <<*Provide a narrative discussion evaluating the floodplain exhibits required on checklist Exhibit 2 4. Include the elevation of the property, the elevation of the floodplain, and the location of the life support systems.

(If citing 24 CFR Part 55.12(c)(7) for an exemption from floodplain management regulations, provide a narrative summary confirming that the project qualifies for the regulatory exception. Note that the permanent restrictive covenant or comparable restriction that must be placed on the property's continued use to preserve the floodplain must run with the land and will not be dependent on the mortgage instrument.) >>

Key Questions

	Yes	No
1. Does the community participate in the National Flood Insurance Program (NFIP)? (A project located in a FEMA-identified special flood hazard area, where the community has been suspended for or does not participate in the NFIP, is not eligible for mortgage insurance.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the subject located within the 100- or 500-year floodplain?*	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Standard Flood Hazard Determination Form indicate that the subject is located within the 100- or 500-year floodplain?*	<input type="checkbox"/>	<input type="checkbox"/>
4. Is flood insurance required for this property?	<input type="checkbox"/>	<input type="checkbox"/>

~~<<*If the project is in a 100- or 500-year floodplain, provide a narrative discussion evaluating the floodplain exhibits required on the application checklist with detailed information about how the property will be altered and improvements designed. Include the elevation of the property, the elevation of the floodplain, and the location of life support systems.)>>~~

Borrower

Name: _____
State of organization: _____
Date formed: _____
Termination date: _____
Fiscal year-end date: _____

Key Questions

	Yes	No
1. Does the borrower currently own any assets other than the property or participate in any other businesses?	<input type="checkbox"/>	<input type="checkbox"/>
2. According to the application exhibits, is or has the borrower been delinquent on any federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
3. According to the application exhibits, is or has the borrower been a defendant in any suit or legal action?	<input type="checkbox"/>	<input type="checkbox"/>
4. According to the application exhibits, has the borrower ever claimed bankruptcy or made compromised settlements with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
5. According to the application exhibits, are there judgments recorded against the borrower?	<input type="checkbox"/>	<input type="checkbox"/>
6. According to the application exhibits, are there any unsatisfied tax liens?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
1. Does the borrower currently own any assets other than the subject property or participate in any other businesses?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is or has the borrower been delinquent on any federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is or has the borrower been a defendant in any suit or legal action?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the borrower ever filed for bankruptcy or made compromised settlements with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there judgments recorded against the borrower?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any unsatisfied tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the single asset borrower entity registered outside the United States and/or in a state other than where their corporate office is located?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the single asset borrower entity fail to have at least one principal, with operational decision-making authority, as a United States citizen?	<input type="checkbox"/>	<input type="checkbox"/>

1711 Are there any debts on the balance sheet that will survive closing? ☐ ☐

1712
1713 <<As applicable, for each “yes” answer above, provide a narrative discussion on the topic
1714 describing the risk and how it will be mitigated.>>
1715

1716 Program Guidance: Handbook 4232.1, Section II Production, Chapter 6.1.D, Foreign National
1717 and Corporate Entity Participation

1718 **Organization**

1719 <<Provide organization chart and narrative, as applicable. At a minimum, all principals of the
1720 borrower should be identified.>>
1721

1722 **Experience/Qualifications**

1723 ~~<<Narrative description of borrower (experience, if any) and qualifications. For example, “The~~
1724 ~~borrower entity is a newly formed single asset entity that was established in {date} to develop~~
1725 ~~and own the subject project.”>>~~

1726 << Provide narrative description of principal’s experience with development, lease-up and
1727 operations of facilities similar to the proposed project in resident type, regulatory environment,
1728 size and complexity of project. Discussion should highlight direct experience and involvement in
1729 other transactions. Provide key operating metrics from initial lease-up to stabilization,
1730 including fill pace, occupancy and net operating income>>

1731 **Credit History**

Report Date: <<within 60 days of submission>>

Reporting Firm: _____

Score: _____

1732
1733 <<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high).
1734 Also, if the score is evaluated numerically, explain what value the credit agency places on the
1735 score.>>
1736

1737 **Key Questions**

	Yes	No
1. Does the credit report identify any material derogatory information not previously discussed? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the underwriter have any concerns related to their review of the credit report? _____	<input type="checkbox"/>	<input type="checkbox"/>

1738
1739 <<For each “yes” answer above, provide a narrative discussion on the topic describing the risk
1740 and how it will be mitigated.>>
1741

Program Guidance:

~~Dunn & Bradstreet (D&B) or other acceptable commercial credit report for business entities and RCMR “residential” for individuals are required. If not using D&B, an acceptable commercial credit report must include the following:~~

- ~~1. Public filings that includes suits, liens, judgments, bankruptcies, and federal debt.~~
- ~~2. UCC filings~~
- ~~3. Credit payment history~~
- ~~4. Industry standards showing how the facility compares in the areas of financial stress and payment trends~~
- ~~5. A credit payment delinquency risk score over a 12 month period.~~

~~Credit reports can be no more than 60 days old at the time of the firm application submission.~~

Financial Statements

The application includes the following Borrower financial statements:

Balance Sheet as of: _____

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Is the balance sheet missing any required information or schedules?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Does the balance sheet provided include financial data from assets or liabilities not related to owning and operating this facility?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Did your review and analysis of the balance sheet indicate any other material concerns or weaknesses that need to be addressed?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Are there any debts on the balance sheet that will survive closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion regarding the topic.>>

General Review

<<Provide Narrative and analysis of financial statements as appropriate. In addition to the Key Questions above, working capital should be discussed along with the general financial stability and position of the entity.>>

Financial Statements — For Party or Parties Responsible for Financial Requirements for Closing and Beyond <<enter party(ies) name(s) here>>

<<Complete this section if the borrower entity does not have sufficient financial capacity.>>

Year to date: _____ <<dates for start and end of period>>

Fiscal year ending: _____ <<date end of period>>

Fiscal year ending: _____ <<date end of period>>

Fiscal year ending: _____ <<date end of period>>

<<Provide a discussion on the borrower's financial capacity. Include the percentage of owner's equity into the project. The discussion must address: (1) the borrower's net worth; (2) liquidity; (3) the borrower's ability to meet the cash requirements of the project; and (4) the borrower's ability to meet the financial obligations of the project for the long term.>>

<<If Form HUD-92417-ORCF is required, provide discussion on the individual's financial capacity, net worth, and liquidity.>>

<u>Effective date</u> <i>(ref HUD-92417)</i>	<u>Total assets</u>	<u>Net worth</u>	<u>Total liquidity</u> <i>(cash available)</i>	<u>Comments</u>
_____	\$ _____	\$ _____	\$ _____	_____

Conclusion

<<Provide narrative discussion of underwriter's conclusion and recommendation. For example, "The borrower is a single-asset entity registered in the state of XXX on {date}. It was formed solely to own and operate the subject project. The organizational documents have been reviewed by counsel and comply with HUD requirements in order to participate as an acceptable borrower in this transaction.">>

Principal of the Borrower – <<enter name of principal here>>

<<Provide this section for each principal of the borrower.>>

Key Questions

	<u>Yes</u>	<u>No</u>
<u>1. Is any principal of the new borrower with operational decision-making authority not a United States citizen?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2. Is or has the principal of the borrower been delinquent on any federal debt?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>3. Is or has the principal of the borrower been a defendant in any suit or legal action?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4. Has the principal of the borrower ever filed for bankruptcy or made compromised settlements with creditors?</u>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there judgments recorded against the principal of the borrower? ☐ ☐
6. Are there any unsatisfied tax liens against the principal of the borrower? ☐ ☐
7. Are any of the principals of the borrower, principals of any other HUD-insured projects or principals of a project(s) applying for HUD insurance or TPA within the next 18 months? ☐ ☐

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. >>

Organization

<<Not applicable to individuals. If the principal is an entity, provide the following:>>

Name: _____

State of organization: _____

Date formed: _____

Termination date: _____

<<As applicable, please provide organization chart and narrative discussion.>>

Experience/Qualifications

Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.5FF.

<<Provide narrative description of principal's experience with development, lease-up and operations of facilities similar to the proposed project in resident type, regulatory environment, size and complexity of project. Discussion should highlight direct experience and involvement in other transactions. Provide key operating metrics from initial lease-up to stabilization, including fill pace, occupancy and net operating income.>>

<<Provide narrative description of principal's experience and qualifications. Discussion should highlight direct experience and involvement in other HUD transactions. This section should clearly demonstrate that the borrower will have sufficient expertise from which to draw to successfully on to own the facility.>>

<<Narrative must also include a discussion on the available working capital of the party (or parties) who will be responsible for providing the financial requirements for closing and beyond. The discussion must clearly show that this party has the ability to support the project over the long term. In addition, include the percentage of owner's/principal's equity into the project, net worth, and liquidity. See Program Guidance below.>>

Program Guidance—Supporting Documentation of Appropriate Experience:

The application for firm commitment must include complete information on the individuals and/or entity that will bring the appropriate experience to the project. Appropriate experience is

3 to 5 years successful practice in developing, owning and/or operating board and care facilities, assisted living facilities, and/or skilled nursing facilities. If an entity or its principal does not have the appropriate experience, it may contract with a third-party experienced operator. Evidence of appropriate experience must be provided that includes specific project examples including project name, type of care provided, location, unit/bed count, year opened and key operating metrics (fill pace, occupancy, net operating income margins), and specific responsibilities for the management and operation of the example health care facility. The ORCF is seeking assurance that the developers and other stakeholders are committed to the long-term success of their project and have the requisite experience to operate and manage the project.

In addition to the requirements of the application package, the Lender Narrative must also provide a complete discussion on the borrower's commitment to the project, both financially and in a business sense, over the long-term as well as the borrower's experience.

Credit History

Report date: <<within 60 days of submission>>

Reporting firm: _____

Score: _____

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >> _____

Key Questions

	Yes	No
1. Does the credit report identify any material derogatory information not previously discussed? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the underwriter have any concerns related to their review of the credit report? _____	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>> _____

<<If you answer "yes" to any of the above questions, identify the risk factor and how it is mitigated below. Provide an explanation of the credit score in terms of low, medium, or high risk, etc. Also, if the score is evaluated numerically, explain the value the credit agency places on the score.>> _____

Other Business Concerns/232 Applications

Key Questions

	Yes	No
1. Does the principal identify any other business concerns?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any of the other business concerns have pending judgments.	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
<u>legal actions/suits, or bankruptcy claims? (If so, a credit report must be obtained on the business concern.)</u> <input type="checkbox"/> N/A		
b. <u>If so, was a credit report obtained on the business concern?</u> <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information?</u> <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the Principal identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) loans on the Consolidated Certification – Principal of Borrower (form HUD-90014-ORCF) and Attachment 2 thereof?</u>	<input type="checkbox"/>	<input type="checkbox"/>

Other Business Concerns

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Does the principal identify any other business concerns?</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. <u>Do any of the other business concerns have pending judgments, legal actions/suits, or bankruptcy claims? (If so, a credit report must be obtained on the business concern.)</u>	<input type="checkbox"/> N/A	<input type="checkbox"/>
b. <u>If so, was a credit report obtained on the business concern?</u>	<input type="checkbox"/> N/A	<input type="checkbox"/>
2. <u>Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information?</u>	<input type="checkbox"/> N/A	<input type="checkbox"/>

<<As applicable, a “yes” answer requires a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Credit Reports for Other Business Concerns:

<<Provide narrative discussion on other business concerns. For example, “XXX identified XX other business concerns. The underwriter reviewed Dunn and Bradstreet credit reports for XX other business concerns identified by XXXX. {Discuss each report}. No reports indicated derogatory information that would prohibit XXXXX from participation in this loan transaction.>>

Name of Entity	Report Type (Commercial, etc.)	Report Date	Comments (i.e., any derogatory information, etc.)

Other Section 232 Projects

Key Questions

	Yes	No
1. Does the principal identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) applications on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the principal identify any other existing Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) projects on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Business Concerns:** XXXXX identified XX other business concerns in addition to the borrower and the newly formed operator discussed in this narrative. The underwriter reviewed Dunn and Bradstreet credit reports for XX Other Business Concerns identified by XXXX. [Discuss each report]. No reports indicated derogatory information that would prohibit XXXXX participation in this loan transaction.

Example: **Other Section 232 Applications:** XXXXX identified XX other Section 232 loan application [projects]. The applications were submitted XXX and closed in XXX. As this is only XXXXX’s Xth FHA-insured healthcare loan, no additional reviews are required>>_____

Conclusion

<<Provide narrative discussion of underwriter’s conclusion and recommendation. For example, “XXX has demonstrated an acceptable credit history and sufficient experience owning and operating other facilities. The underwriter recommends this principal as an acceptable participant in this transaction.”>>_____

Financial Statements – For Party(ies) Responsible for Financial Requirements for Closing and Beyond –

<<enter name(s) of responsible party(ies) here>>

<<Complete this section if the borrower entity does not have sufficient financial capacity.>>

Year to date: _____<<dates for start and end of period>>
Fiscal year ending: _____<<date end of period>>
Fiscal year ending: _____<<date end of period>>
Fiscal year ending: _____<<date end of period>>

<<Include a discussion on the borrower’s financial capacity. Include the percentage of owner’s equity into the project. The discussion must address: (1) the borrower’s net worth; (2) liquidity; (3) the borrower’s ability to meet the cash requirements of the project; and (4) the borrower’s ability to meet the financial obligations of the project for the long term.>>_____

<<If Form HUD-92417-ORCF is included, provide discussion on the individual's financial capacity, net worth and liquidity.>>_____

Effective date (of HUD-92417-ORCF)	Total assets	Net worth	Total liquidity (cash available)	Comments
_____	\$ _____	\$ _____	\$ _____	_____

Program Guidance—Supporting documentation of financial capability, cash requirement, and financial qualifications of the borrower:

The application for Firm Commitment must include year-to-date financial statements for the party who will be responsible for the financial requirements (typically the parent entity) at initial closing. If the legal entity of the borrower will be capitalized by another party, the financial statements for that party(ies) must also be provided. The lender must confirm that sufficient financial resources will be available for the cash requirements for closing and to meet any unanticipated financial needs of the project going forward.

The true financial needs of a project are not limited to just the numbers that are reflected under Part III of Form HUD-92264a-ORCF. Although working capital, initial operating deficit (IOD) and a debt service reserve escrow, along with any other required escrows, are presented in this document and should mirror the figures included in the Sources & Uses Statement, there may be times when an owner or principal may be required to contribute funds in the future to maintain a successful project. While it is difficult to determine when and if such an occasion may occur, it is important that ORCF be able to determine the willingness and ability of the principals to support their project over the long term. Their willingness can be determined by documentation regarding their experience and relationships in the community. Their financial ability can only be evidenced by actual financial reports and evaluation of available working capital.

Exhibit 3-6B of the application for Firm Commitment must include the last three full years and year-to-date financial statements for the party who will be responsible for providing the financial requirements for closing and beyond. The Lender's Narrative must include a discussion on the available working capital of this party and their ability to support the project over the long term. In cases where an individual(s) is providing the cash requirement, one full year financial statement on each will suffice. The financial statement must meet either of the following requirements:

1. Personal Financial and Credit Statement, Form HUD-92417-ORCF:

- The spouse of married sponsors or principals must also sign the form.
- If a spouse's signature cannot be obtained, the principal must prepare the form reflecting only those assets that are solely in their name and any liability, including those joint liabilities, for which they have any responsibility.

2. ~~A substitute statement that contains, at a minimum, the information contained on Form HUD-92417-ORCF. This form must contain the following certifications and criminal warning:~~

~~I HEREBY CERTIFY that the foregoing figures and statements contained herein submitted by me as agent of the Borrower [owner] for the purpose of obtaining mortgage insurance under the National Housing Act are true and give a correct showing of _____'s (Name of Borrower or owner) financial position as of _____ (date of financial statement).~~

~~Signed this _____ day of _____, 20____. Signature of authorized agent with name printed or typed under signature _____.~~

~~Warning—HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)~~

~~For married individuals, the spouse must also sign the certification.~~

~~During our analysis of new construction or substantial rehabilitation proposals where units are being added to the market, we take into consideration the financial commitment of the owner and their ability to provide financial strength when needed. This includes determining the percentage of cash that the party is putting into the transaction related to the total cost of the project. While a definitive degree of coverage is not required due to the unique nature of each transaction, a level of 20% to 30% equity coverage on new construction or substantial rehabilitation projects is anticipated. Any less than 20% requires an explanation and mitigation. **The discussion under the borrower's financial capability in the Lender's Narrative must include the percentage of owner's equity into the project.**~~

Other Section 232 Projects

Key Questions

	Yes	No
3. Does the principal identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) applications on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the principal identify any other existing Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) projects on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>

~~<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Business Concerns:** XXXXX identified XX other business concerns in addition to the borrower and the newly formed operator discussed in this narrative. The underwriter reviewed Dunn and Bradstreet credit reports for XX Other Business Concerns identified by XXXX. [Discuss each report]. No reports indicated derogatory information that would prohibit XXXXX participation in this loan transaction.~~

*Example: **Other Section 232 Applications:** XXXXX identified XX other Section 232 loan application {projects}. The applications were submitted XXX and closed in XXX. As this is only XXXXX's Xth FHA insured healthcare loan, no additional reviews are required>>*

Conclusion

<<Provide narrative discussion of underwriter's conclusion and recommendation. For example, "XXXXX has demonstrated an acceptable credit history and sufficient experience owning and operating other facilities. The underwriter recommends this principal as an acceptable participant in this transaction.">>

Financial Statements – For Party(ies) Responsible for Financial Requirements for Closing and Beyond – <<enter name(s) of responsible party(ies) here>>

<<Complete this section if the borrower entity does not have sufficient financial capacity.>>

Year to date: <<dates for start and end of period>>

Fiscal year ending: <<date – end of period>>

Fiscal year ending: <<date – end of period>>

Fiscal year ending: <<date – end of period>>

<<Include a discussion on the borrower's financial capacity. Include the percentage of owner's equity into the project. The discussion must address: (1) the borrower's net worth; (2) liquidity; (3) the borrower's ability to meet the cash requirements of the project; and (4) the borrower's ability to meet the financial obligations of the project for the long term.>>

<<If Form HUD-92417-ORCF is included, provide discussion on the individual's financial capacity, net worth and liquidity.>>

<u>Effective date</u> <i>(of HUD-92417)</i>	<u>Total assets</u>	<u>Net worth</u>	<u>Total liquidity</u> <i>(cash available)</i>	<u>Comments</u>
_____	\$ _____	\$ _____	\$ _____	_____

Conclusion

<<Provide narrative discussion of underwriter's conclusion and recommendation. For example, "XXXXX has demonstrated an acceptable credit history and sufficient experience owning and operating other facilities. The underwriter recommends this principal as an acceptable participant in this transaction.">>

1923 **Operator**

Name: _____
 State of organization: _____
 Date Formed: _____
 Termination date: _____

1924
 1925 **Key Questions**

	<u>Yes</u>	<u>No</u>
1. Does the operator currently own/operate any assets other than the property or participate in any other businesses?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the operator intend to have shared expenses with other facilities?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the operator intend to contract out nursing services, exclusive of temporary staffing, through an agency and/or contracting for ancillary services (e.g., therapies, pharmaceuticals)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is or has the operator been delinquent on any federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is or has the operator been a defendant in any suit or legal action?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the operator ever filed for bankruptcy or made compromised settlements with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there judgments recorded against the operator?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any unsatisfied tax liens?	<input type="checkbox"/>	<input type="checkbox"/>

1926
 1927 <<As applicable, for each “yes” answer above, provide a narrative discussion on the topic
 1928 describing the risk and how it has been or will be mitigated. >>
 1929

1930 **Organization**

1931 <<Provide organization chart and narrative, as applicable.>>
 1932

1933 **Experience/Qualifications**

1934 [Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.5FF.](#)

1935
 1936 <<Provide narrative description of operator’s experience and qualifications. Discussion should
 1937 highlight direct experience and involvement in other FHA transactions, if any. This section
 1938 should clearly demonstrate that the operator has the expertise to successfully lease up a new
 1939 facility and operate a facility.>>

1940 [Program Guidance—Supporting Documentation of Appropriate Experience:](#)

[The application for Firm Commitment must include complete information on the individuals and/or entity that will be bringing appropriate experience to the project. Appropriate experience is 3 to 5 years successful practice in developing, owning and/or operating board and care](#)

facilities, assisted living facilities, and/or skilled nursing facilities. If an entity or its principal does not have the appropriate experience, it may contract with a third-party experienced operator. Evidence of appropriate experience must be provided that includes specific project examples including project name, type of care provided, location, unit/bed count, year opened and key operating metrics (fill pace, occupancy, net operating income margins) and specific responsibilities for the management and operation of the example health care facility. ORCF is seeking assurance that the developers and other stakeholders are committed to the long-term success of their project and have the requisite experience to operate and manage the project.

In addition to the requirements of the application package, the Lender Narrative must also provide a complete discussion on the borrower's commitment to the project, both financially and in a business sense over the long-term as well as his/her experience.

Credit History

Report date: <<within 60 days of submission>>

Reporting firm:

Score:

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >>

Key Questions

	Yes	No
1. Does the credit report identify any material derogatory information not previously discussed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the underwriter have any concerns related to their review of the credit report?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

<<If you answer "yes" to any of the above questions, identify the risk factor and how it is mitigated below. Provide an explanation of the credit score in terms of low, medium, or high risk, etc. Also, if the score is evaluated numerically, explain the value the credit agency places on the score.>>

Financial Statements

The application includes the following operator financial statements:

1958

1959
1960

1961
1962
1963
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1969
1970
1971
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1973
1974
1975

Year to date: <<dates for start and end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>

Key Questions

	<u>Yes</u>	<u>No</u>
1. Are less than 3-years of historical financial data available for the operator?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the financial statements missing any required information or schedules?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any of the financial statements indicate a loss prior to depreciation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the Aging of Accounts Payable schedules show any material accounts payables (amount in excess of 5% effective gross income) over 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the Aging of Accounts Receivable schedules show any material accounts receivables (amounts in excess of 2% of gross income) over 120 days? (Note: Projects with material accounts receivables over 120 days that do not intend to have Accounts Receivable Financing should address the project State's recent trends in length of time until reimbursement is made. The Lender should address these projects' ability to handle delayed payments, e.g. access to sources of liquidity in an amount comparable to material accounts receivable over 120 days.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any issues or discrepancies related to tenant deposit accounts (e.g., not fully funded)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did your review and analysis of the financial statements indicate any other material concerns or weaknesses that need to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the last 3 fiscal years are there any negative or declining NOI?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer "yes" to any of the above questions, identify the risk factor and how it is mitigated below. The Accounts Payable and Accounts Receivable analysis provides information regarding an entity's collection and payment practices, policies, and potential risks to the new project. Discuss your analysis of these issues and how the lender determined they are an acceptable risk. For example: "**No Financial Statements**: The operator is a newly formed entity and does not have a financial history to report. At this time, the operation of this facility is the new entity's sole purpose, so there is no need to review financial data from other facilities or sources.">>

General Review

<<Provide narrative and analysis of financial statements as appropriate. In addition to the Key Questions above, net working capital should be discussed along with the general financial stability and strength of the entity.>>

Net Income Analysis

Net Income*

In total \$

20XX	20XX	20XX	YTD (Indicate time frame)
\$	\$	\$	

*before depreciation, amortization, and any other non-cash expense

<<Provide an explanation of any Net Losses or declining Net Incomes for the year-to-date and last 3 fiscal years, as applicable.>>

Conclusion

<<Provide narrative discussion of underwriter's conclusion and recommendation. For example, "The operator entity has demonstrated an acceptable financial and credit history as demonstrated in our analysis of their financial statements and credit history as discussed above. The operator has the experience to successfully operate this facility. The underwriter recommends this operator for approval as an acceptable participant in this transaction.">>

Parent of Operator (if applicable)

<<Provide this section for each parent organization of the operator. This section is not applicable to individuals who are principals unless you are depending on the person or persons for approval of the operator (e.g., newly formed entity). In that instance (individuals), follow the Principal of the Borrower template and modify it appropriately for an operator. >>

Name: _____

State of organization: _____

Date formed: _____

Termination date: _____

Key Questions

	Yes	No
1. Is the parent of the operator rated by S&P or another rating agency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is or has the parent of the operator been delinquent on any federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is or has the parent of the operator been a defendant in any suit or legal action?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the parent of the operator ever filed for bankruptcy or made compromised settlements with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there judgments recorded against the parent of the operator?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any unsatisfied tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the parent of the operator have other HUD properties which are master	<input type="checkbox"/>	<input type="checkbox"/>

leased separately from the subject project?

Yes

No

<<As applicable, for each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it has been or will be mitigated. Example: **S&P Rating**: The entity is rated X by S&P. The rating agency indicates the outlook for the company is X.>>

Organization

<<Provide organization chart and narrative, as applicable.>>

Experience/Qualifications

Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.5FF.

<<Provide narrative description of experience and qualifications. Discussion should highlight direct experience and involvement in other FHA transactions. This section should clearly demonstrate the expertise to successfully lease up a new facility and operate the facility.>>

Credit History

Report date: <<within 60 days of submission>>

Reporting firm:

Score:

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >>

Key Questions

Yes

No

1. Does the credit report identify any material derogatory information not previously discussed?
2. Does the underwriter have any concerns related to their review of the credit report?

☐☐☐☐

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

<<If you answer "yes" to any of the above questions, identify the risk factor and how it is mitigated below. Provide an explanation of the credit score in terms of low, medium, or high risk, etc. Also, if the score is evaluated numerically, explain the value the credit agency places on the score.>>

Other Business Concerns/232 Applications

Key Questions

- | | <u>Yes</u> | <u>No</u> |
|--|------------------------------|--------------------------|
| 1. Does the parent of the operator identify any other business concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do any of the other business concerns have pending judgments; legal actions or suits; or, bankruptcy claims? (If so, a credit report must be obtained on the business concern.) | <input type="checkbox"/> N/A | <input type="checkbox"/> |
| b. Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information? | <input type="checkbox"/> N/A | <input type="checkbox"/> |
| 2. Does the Principal identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) loans on the Consolidated Certification – Parent of Operator (form HUD-90016-ORCF) and Attachment 2 thereof? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Business Concerns:** XXXXX identified XX other business concerns in addition to the borrower and the newly formed operator discussed in this narrative. The underwriter reviewed Dunn and Bradstreet credit reports for XX Other Business Concerns identified by XXXX. {Discuss each report}. No reports indicated derogatory information that would prohibit XXXXX participation in this loan transaction.

Example: **Other Section 232 Applications:** XXXXX identified XX other Section 232 loan application – {projects}. The applications were submitted XXX and closed in XXX. As this is only XXXXX’s Xth HUD-insured healthcare loan, no additional reviews are required.>>

Credit Reports for Other Business Concerns:

<<Provide narrative discussion on other business concerns. For example, “XXX identified XX other business concerns. The underwriter reviewed Dunn and Bradstreet credit reports for XX other business concerns identified by XXXX. {Discuss each report}. No reports indicated derogatory information that would prohibit XXXXX from participation in this loan transaction.>>

<u>Name of Entity</u>	<u>Report Type</u> (Commercial, etc.)	<u>Report Date</u>	<u>Comments</u> (i.e., any derogatory information, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

Other Business Concerns

Key Questions

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Does the parent of the operator identify any other business concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do any of the other business concerns have pending judgments, legal actions/suits, or bankruptcy claims? (If so, a credit report must be | <input type="checkbox"/> | <input type="checkbox"/> |

		Yes	No
obtained on the business concern.).....		<input type="checkbox"/> N/A	
b. If so, was a credit report obtained on the business concern?		<input type="checkbox"/> N/A	<input type="checkbox"/>
2. Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information?.....		<input type="checkbox"/> N/A	<input type="checkbox"/>

<<As applicable, a “yes” answer requires a narrative discussion on the topic describing the risk and how it will be mitigated.>>_____

Credit Reports for Other Business Concerns:

<<Provide narrative discussion on other business concerns. For example, “XXX identified XX other business concerns. The underwriter reviewed Dunn and Bradstreet credit reports for XX other business concerns identified by XXXX. [Discuss each report]. No reports indicated derogatory information that would prohibit XXXXX from participation in this loan transaction.>>_____

Name of Entity	Report Type (Commercial, etc.)	Report Date	Comments (i.e., any derogatory information, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

Other Section 232 Projects

Key Questions

	Yes	No
1. Does the parent of the operator identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) applications on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the parent of the operator identify any other existing Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) projects on their consolidated certification?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Business Concerns:** XXXXX identified XX other business concerns in addition to the borrower and the newly formed operator discussed in this narrative. The underwriter reviewed Dunn and Bradstreet credit reports for XX Other Business Concerns identified by XXXX. [Discuss each report]. No reports indicated derogatory information that would prohibit XXXXX participation in this loan transaction.

Example: **Other Section 232 Applications:** XXXXX identified XX other Section 232 loan application [projects]. The applications were submitted XXX and closed in XXX. As this is only XXXXX's Xth FHA insured healthcare loan, no additional reviews are required>>_____

2082 **Other Facilities Owned, Operated or Managed**

2083 **Key Questions**

	<u>Yes</u>	<u>No</u>
1. Does the parent of the operator own, operate, or manage any other facilities?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any of the other facilities have pending judgments; legal actions or suits; or, bankruptcy claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
b. Do any of the other facilities have any open professional liability insurance claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
c. Do any of the other facilities have any open state findings related to instances of actual harm and/or immediate jeopardy (G or higher)? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the parent of the operator a participant in 50+ residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the parent of the operator carry <i>one</i> Professional Liability Insurance policy for its residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the parent of the operator carry <i>multiple</i> Professional Liability Insurance policies for its residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
2. Does the parent of the operator own, operate, or manage any other facilities?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do any of the other facilities have pending judgments; legal actions or suits; or, bankruptcy claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
h. Do any of the other facilities have any open professional liability insurance claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
i. Do any of the other facilities have any open state findings related to instances of actual harm and/or immediate jeopardy (G or higher)? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
j. Is the parent of the operator a participant in 50+ residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does the parent of the operator carry <i>one</i> Professional Liability Insurance policy for its residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>
l. Does the parent of the operator carry <i>multiple</i> Professional Liability Insurance policies for its residential healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Facilities:** XXXXX identified XX other facilities it owns, operates, or manages in addition to the subject facility. **PLI Insurance:** XXXXXX identified XX facilities which are carried on the same PLI policy as the subject project. Other facilities of the parent of the operator are covered on XX separate PLI policies.>>

Program Guidance: Handbook 4232.1, Section II Production, 8.8.

	<u>Yes</u>	<u>No</u>
1. Does the parent of the operator own, operate, or manage any other facilities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of the other facilities have pending judgments; legal actions or suits; or, bankruptcy claims?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any of the other facilities have any open professional liability insurance claims?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any of the other facilities have any open Citations or state findings related to instances of actual harm and/or immediate jeopardy (G or higher)?.....	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Facilities:** XXXXX identified XX other facilities it owns, operates, or manages in addition to the subject facility. **PLI Insurance:** XXXXXX identified XX facilities which are carried on the same PLI policy as the subject project. Other facilities of the parent of the operator are covered on XX separate PLI policies.>>

<<As applicable, for each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it has been or will be mitigated._____

Program Guidance:

~~For other projects/facilities owned, operated, or managed, the lender must submit copies of inspection reports for the facilities that have open level “G” or higher citations/deficiencies. This includes negative inspection results for ALF and B&C facilities. The lender must address any issues/risks associated with the reports and show how they would be mitigated. If no open/unresolved level G or higher deficiencies, this should be stated.~~

~~*Note: If any facility has recent (within last 2 years) resolved “G” or higher citations/deficiencies, the lender must address this in the narrative; however, a copy of the report is not required.*~~

Program Guidance: Handbook 4232.1, Section II Production, 8.8.

Financial Statements

The application includes the following financial statements for the Parent of the Operator:

Year to date: <<dates for start and end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>

Key Questions

	Yes	No
1. Are less than 3-years of historical financial data available for the parent of operator?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the financial statements missing any required information or schedules?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the Aging of Accounts Payable schedules show any material accounts payables (amount in excess of 5% effective gross income) over 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your review and analysis of the financial statements indicate any other material concerns or weaknesses that need to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer “yes” to any of the above questions, please identify each risk factor and how it is mitigated below. The Accounts Payable and Accounts Receivable analysis provides information regarding an entities collection and payment practices, policies, and potential risk to the subject. Discuss your analysis of these issues and how the lender determined they are an acceptable risk. >>

General Review

<<Provide narrative and analysis of financial statements as appropriate. In addition to the Key Questions above, working capital should be discussed along with the general financial stability and strength of the entity.>>

Net Income Analysis

Net Income*

In total \$

20XX	20XX	20XX	YTD (Indicate time frame)
\$	\$	\$	

**before depreciation, amortization, and any other non-cash expense*

<<Provide an explanation of any Net Losses or declining Net Incomes for the year-to-date and last 3 fiscal years, as applicable.>>

Conclusion

<<Provide narrative discussion of underwriter's conclusion and recommendation. For example, "The parent of the operator entity has demonstrated an acceptable financial and credit history. The underwriter's review of the parent of the operator does not reveal any material derogatory information that would prohibit the approval of the operator entity as an acceptable participant in this transaction.">>

Management Agent (if applicable) —<<insert name here>>

Name:

Relation to borrower:

<<owner managed/IOI entity/independent/other>>

Principals/officers:

Key Questions

1. Does the management agent have experience managing other HUD-insured properties?

Yes

No

☐☐

a. Has the agent received any "unsatisfactory" management reviews from HUD?

☐☐

b. Have any managed, owned, or operated properties received REAC scores lower than 60?

☐☐

- Does (or will) the Management Agent hold the certificate of need, license to provide care, enter into provider agreement(s) with third party payor(s) such as Medicare, Medicaid, or Private Payors, or enter into contracts for patient services?

Previous HUD Experience

Management Agent's Duties and Responsibilities

Experience/Qualifications

Form HUD-9007-ORCF (mm/yyyy)

explanation of any current REAC scores less than 60. This section should clearly demonstrate the expertise to successfully manage the facility and meet the obligations of the management agreement. This section should clearly demonstrate that the management agent has the expertise to successfully lease up a new facility and operate a facility.>>

Credit History

Report date: <<within 60 days of submission>>

Reporting firm:

Score:

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >>

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the credit report identify any material derogatory information not previously discussed? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the underwriter have any concerns related to their review of the credit report? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

<<If you answer "yes" to any of the above questions, identify the risk factor and how it is mitigated below. Provide an explanation of the credit score in terms of low, medium, or high risk, etc. Also, if the score is evaluated numerically, explain the value the credit agency places on the score.>>

Other Facilities Owned, Operated or Managed

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the management agent own, operate, or manage any other facilities? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do any of the other facilities have pending judgments; legal actions or suits; or, bankruptcy claims? _____ N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do any of the other facilities have any open professional liability insurance claims? _____ N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do any of the other facilities have any open Citations or state findings related to instances of actual harm and/or immediate jeopardy (G or higher)? _____ N/A | <input type="checkbox"/> | <input type="checkbox"/> |

<<As applicable, for each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it has been or will be mitigated.

Program Guidance:

~~For other projects/facilities owned, operated, or managed, the lender must submit copies of inspection reports for the facilities that have open level “G” or higher citations/deficiencies. This includes negative inspection results for ALF and B&C facilities. The lender must address any issues/risks associated with the reports and show how they would be mitigated. If no open/unresolved level G or higher deficiencies, this should be stated.~~

~~*Note: If any facility has recent (within last 2 years) resolved “G” or higher citations/deficiencies, the lender must address this in the narrative; however, a copy of the report is not required.*~~

Program Guidance: Handbook 4232.1, Section II Production, 8.8.

Past and Current Performance

Indicator	Findings
-----------	----------

Billing	<<acceptable>>
Controlling operating expenses	
Vacancy rates	
Resident turnover	
Rent collection and accounts receivable	
Physical security	
Physical condition and maintenance	
Resident relations	

<<Provide narrative support for review and finding. For example, “Based on interviews with the principals of the Borrower and management agent, as well as a review of the management policies and procedures, the underwriter has concluded that the management agent has demonstrated acceptable past and current performance with regard to all of the above indicators.”>>

Management Agreement

Date of agreement: _____
Agreement expires: _____
Management fee: _____

2197 **Key Questions**

	<u>Yes</u>	<u>No</u>
1. <u>Does the agreement fail to sufficiently describe the services the agent is responsible for performing and for which the agent will be paid management fees?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Does the agreement fail to state that the management fees will be computed and paid according to HUD requirements?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the agreement fail to state that HUD may require the owner to terminate the agreement without penalty and without cause upon written request by HUD and contain a provision that gives no more than a 30-day notice of termination?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Does the agreement fail to state that HUD's rights and requirements will prevail in the event the management agreement conflicts with them?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Does the agreement fail to state that the management agent will turn over to the owner all of the project's cash trust accounts, investments, and records immediately, but in no event more than 30 days after the date the management agreement is terminated?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Does the agreement exempt the agent from gross negligence and or willful misconduct?</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Is the Form HUD-9839-ORCF inconsistent with the Management Agreement?</u>	<input type="checkbox"/>	<input type="checkbox"/>

2198 <<For each "no" answer above, provide a narrative discussion on the topic describing the risk
2199 and how it will be mitigated. >>
2200
2201

2202 **Management Certification**

2203 <<Provide narrative review. For example: "The form HUD-9839-ORCF, Management Agent
2204 Certification, provided in the application package indicates a management fee of XX percent of
2205 the residential, commercial and miscellaneous income collected, which is in line with industry
2206 standards for projects of this size. The term of the agreement is for XX-years. The stated fee and
2207 term match those stated in the management agreement. The fee calculations on page 4 are
2208 coordinated with the underwriting conclusions.">>

2209 **Conclusion**

2210 <<Provide narrative discussion of underwriter's conclusion and recommendation. For
2211 example, "The management agent has demonstrated an acceptable credit history and has the
2212 experience to continue to successfully manage this facility. The underwriter recommends this
2213 management agent for approval as an acceptable participant in this transaction.">>
2214

2215 **Operation of the Facility**

2216 **Administrator**

Name: _____
Employed by: _____ <<Name of entity who employs/pays administrator>>
Facility Start Date: _____ <<Date started at this facility as Administrator>>

2217
2218 <<Narrative description of experience and qualifications - For example, “{Administrator} has
2219 been a licensed administrator since XXXX. Her current Residential Care Administrator’s
2220 license No. XXXXXXXX expires XXXXX. It was issued by XXXXXXX in the State of XXXX. Her
2221 experience includes... Since arriving at the facility, XXXX has helped to increase the revenues
2222 and profitability of the project, as evidenced by the increasing effective gross income and net
2223 operating income (NOI). XXXXX is well qualified and has demonstrated her ability to act as
2224 Administrator for the subject facility.”>>
2225

2226 **Subject’s State Surveys**

2227 The application includes the following state surveys issued on the following dates over the last
2228 three (3) years of operations: (State when the survey was conducted and when the project was
2229 found in compliance.)
2230
2231

3 Years of Survey Inspections

Date of survey/inspection	Date state issued letter approving POC

2232
2233 **Key Questions**

	Yes	No
1. Do the state surveys identify any instances of actual harm and/or immediate jeopardy (during last 3 year period)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there currently any open findings?	<input type="checkbox"/>	<input type="checkbox"/>

2234
2235 **Key Questions**

	<u>Yes</u>	<u>No</u>
1. <u>Do the state surveys identify any instances of actual harm and/or immediate jeopardy (during last 3 year period)?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Do prior surveys (during last 3 year period) contribute to a pattern of findings?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Are there currently any open findings?</u>	<input type="checkbox"/>	<input type="checkbox"/>

2236

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **General Review and Findings:** Provide narrative description of review. For example: “The {date} state survey inspection letter indicates that there were X deficiencies. The deficiencies...”>>

Staffing

~~Provide narrative description of review. For example: “The appraiser and underwriter have reviewed the current and proposed staffing to be charged to the facility and found it to be acceptable and within reason...”>>~~

Risk Management Program

Program Guidance: See Risk Management Program grid on the Section 232 program website for additional guidance. Note that the below tier descriptions are general descriptions and HUD retains discretion to require additional risk management measures, as warranted, on a case by case basis.

Risk Management Tier General Descriptions:

Tier 1 Baseline: For most assisted living and low-risk skilled nursing projects with no more than one incident of actual harm/immediate jeopardy in the past three years. In these instances the risk management program may be administered internally or or by a third party provided the party administering the program is qualified.

Tier 2 Elevated Risk: Higher risk projects with two more more incidents of actual harm/immediate jeopardy within the past three years. In these instances the risk management program should be administered by a third party.

(Note both Tier and Internal/External)

<input type="checkbox"/> Tier 1 Baseline	<input type="checkbox"/> Internally Administered Risk Management Program
<input type="checkbox"/> Tier 2 Elevated Risk	<input type="checkbox"/> External 3 rd Party Administered Risk Management Program

(Note both Tier and Internal/External)

<input type="checkbox"/> Tier 1 Baseline	<input type="checkbox"/> Internal
<input type="checkbox"/> Tier 2 Elevated Risk	<input type="checkbox"/> External 3 rd Party

Describe the Risk Management Program and how it meets the following requirements

1. Real-time incident reporting and tracking that informs senior management:

2. Experience of Staff:

2273 3. Training:

2274 _____

2275
2276 4. Continuous Improvement:

2277 _____

2278
2279 <<If a third party is involved, describe the contractual arrangement, what company has
2280 been contracted, what the contract provides for, when the contract was entered into,
2281 when it expires, what results have been seen thus far if the contract has been in place,
2282 etc.:>>
2283 _____

2284 **Staffing**

2285 <<Provide narrative description of review. For example: "The appraiser and underwriter have
2286 reviewed the current and proposed staffing to be charged to the facility and found it to be
2287 acceptable and within reason...">>
2288 _____

2289
2290
2291 **Other Facilities Owned, Operated or Managed**

2292 <<This section is only applicable for skilled nursing facilities.>>

2293
2294 **Key Questions**

	Yes	No
1. Do any state surveys identify any instances of actual harm and/or immediate jeopardy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there currently any open findings at any of the facilities?	<input type="checkbox"/>	<input type="checkbox"/>

2295
2296 <<As applicable, for each "yes" answer above, provide a narrative discussion on the topic
2297 describing the risk and how it has been or will be mitigated.
2298 _____

2299 **General Review and Findings**

2300 <<Provide a narrative description of review. For example, "The most recent state survey
2301 inspections are provided for XX skilled nursing facilities that are owned, operated, or managed
2302 by XXXX. The underwriter has reviewed the findings and found....">>
2303 _____
2304
2305

Staffing

<<Provide narrative description of review. For example: "The appraiser and underwriter have reviewed the current and proposed staffing to be charged to the facility and found it to be acceptable and within reason...">>

Operating Lease

Program Guidance: Handbook 4232.1, Section II Production, Chapter 8.6, Operating Lease Requirements

Date of Agreement: _____

Current Lease Term Expires: _____

Description of Renewals: _____

Current Lease Payment: _____

Major Movable Equipment

Current Ownership: _____

<<Borrower/Operator>>

Post Closing Ownership: _____

<<Borrower/Operator>>

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will the facility be leased? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the facility be subleased (master lease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will the lease at closing have a term that will expire within 5 years with no lease renewal options? (See guidance below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the lease contain any non-disturbance provisions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the lease require the borrower to escrow any funds other than those associated with this loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the lender recommended any special conditions concerning the lease? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the lease payment adequate to provide sufficient debt coverage after the costs of the mortgage? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will the facility be subleased (master lease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. At closing, will the lease have a term that expires within 5 years with no lease renewal options (see guidance above)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the lease contain any non-disturbance provisions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the lease require the borrower to escrow any funds other than those associated with this loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there proposed changes to the current operating lease? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 6. <u>Has the lender recommended any special conditions concerning the lease?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Does the current lease payment need to be increased to provide sufficient debt coverage for the mortgage payment, MIP, other insurance premiums, taxes, reserves, or impounds?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
- <<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Lease Payment – During Rehabilitation Period

<<Provide narrative explaining the terms of the lease and the payments to be made during the construction and/or rehabilitation.>>

Program Guidance—Lease Payment/Net Income During Construction Period

1. ~~At the time of cost certification, an audited operating statement covering the period from the beginning of marketing and rent up activities (or date of initial endorsement in rehabilitation projects involving insurance of advances or start of construction for rehabilitation projects involving insurance upon completion) to the cost certification cut-off date, must be submitted by:~~
 - a. ~~The borrower entity, in all cases.~~
 - b. ~~The lessee, when an identity of interest exists between the borrower and lessee and the lessee has executed the Regulatory Agreement, Form HUD-92466-ORCF.~~
 - c. ~~The borrower entity only, where no identity of interest exists between the borrower and lessee and the lessee has executed the Regulatory Agreement Form HUD-92466-ORCF. The borrower's income statement should reflect a market comparable lease payment as income.~~
 - d. ~~The borrower, where the borrower and the administrator are the same entity and Form HUD-92466-ORCF has not been executed.~~
2. ~~Treat net income resulting from review of the operating statement as a recovery of construction costs for a profit-motivated borrower and for a non-profit borrower as:~~
 - a. ~~At cost certification, as a recovery of construction costs to the extent it was used to reduce liquidated/actual damages.~~
 - b. ~~As an offset for any eligible mortgage increase.~~

<<Provide narrative explaining the terms of the lease and the payments to be made during the rehabilitation.>>

Lease Payment – During Lease Up

<<Provide narrative explaining the terms of the lease and the payments to be made while the project is in lease-up.>>

Lease Payment Analysis – Stabilized, As Rehabilitated

The lease payments must be sufficient to (1) enable the borrower to meet debt service and impound requirements and (2) enable the operator to properly maintain the project and cover operating expenses. The minimum annual lease payment must be at least 1.05 times the sum of the annual principal, interest, mortgage insurance premium, reserve for replacement deposit, property insurance and property taxes.

The underwriter has prepared an analysis demonstrating the minimum annual lease payment.

a. Annual principal and interest	\$
b. Annual mortgage insurance premium	
c. Annual replacement reserves	
d. Annual property insurance	
e. Annual real estate taxes	
f. Total debt service and impounds	\$
h. Minimum annual lease payment	\$

<<Compare the minimum annual lease payment to the current lease payment. If the lease payment needs to increase, add the following language: “The lease payment must be increased to \$XX per year (\$XX per month). The underwriter has included a special condition to the firm commitment requiring the lease payment be revised to meet or exceed this minimum.” If the lease payment does not need to increase, add the following language: “The current lease payment is sufficient. The recommended annual lease payment also provides the operator with an acceptable profit margin.”>>

Program Guidance:

- ~~Clarification of minimum lease payments. The annual lease payment must be calculated using a minimum of a 1.05 coverage ratio (e.g., the sum of the annual principal, annual interest, annual mortgage insurance premium, annual reserve for replacement deposit, annual property insurance, and annual property taxes times a multiplier of 1.05). This minimum coverage level required for executed leases is different than the test measurement used in the 223(f) Lender’s Narrative, which remains unchanged; it will continue at the 1.17 coverage level.~~
- ~~Subordination, non-disturbance and attornment agreement (SNDA). If there is an identity of interest between the borrower and the operator, a SNDA is not permitted.~~

Responsibilities

<<Provide a description of the responsibilities of the lessor and lessee under the terms of the lease with regard to the following: payment of real estate taxes, maintenance of building, capital improvements, replacement of equipment, property insurance, etc.>>

Master Lease

Master Lease

Program Guidance: Handbook 4232.1, Section II Production, Chapter 13. It is the lender's responsibility to read the handbook chapter and provide HUD with a full set of documents for review of the proposed master lease or alternative master lease structure.

Key Questions

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Are three or more projects (or two projects with an aggregate total mortgage loan amount greater than \$15 million) being submitted to HUD that are under common control or have the same ownership? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have projects under common control or with the same ownership applied for mortgage insurance within the <i>past</i> 18-months OR will projects under common control or with the same ownership apply for mortgage insurance or TPA within the <i>next</i> 18 months?
<input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the parent of the operator the same for all of these projects? <input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to all three questions, a master lease or master lease alternative is required.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Is a new master lease proposed for the subject project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the subject project be joined to an existing HUD master lease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do the borrower principals currently participate in any other HUD master leases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the parent of the operator currently participate in any other HUD master leases? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide a narrative describing the terms and conditions of the master lease proposed payments to and from the master tenant, , lease agreements between borrower, master tenant and subtenants, the flow of funds from the subtenants to the master tenant and the borrower (including the AR lender if applicable), and any waivers or requests for modification to standard requirements. .

If the subject is being joined to an existing master lease, list projects/project numbers already included in the master lease.

Describe any other HUD master leases the principals of the borrower or parent of the operator are party to, list projects/project numbers, and indicate the HUD lender who is party to the lease(s).>>

Key Questions

	Yes	No
1. Are three or more projects (or two projects with an aggregate total mortgage loan amount greater than \$15 million) being submitted to HUD that are under common control or have the same ownership?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the projects be submitted within an 18-month window? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the parent of the operator the same for all of these projects? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answered "yes" to all three questions, a master lease is required. Provide a narrative describing the terms of the master lease, lease payments, all parties involved, renewal provisions, etc. The HUD Lease Addendum must be attached to the Subleases. Refer to definitions of Common Control and Same Ownership previously provided in this lender narrative.>>

Accounts Receivable (A/R) Financing

AR lender:

AR borrower:

Maximum loan amount:

Current balance:

Current maturity date:

Interest Rate:

Key Questions

	Yes	No
1. Does the AR loan require any guarantees from the borrower, operator, parent of the operator, or any of those entities' principals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the guarantors guaranteeing performance on any other AR loans?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the AR loan involve multiple facilities or borrowers ?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the AR loan involve any non-HUD-insured properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the subject being added to an existing HUD-Insured AR line that has already been reviewed/approved by HUD?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an identity of interest between the AR lender and the AR borrower?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a conflict of interest between the AR lender and the borrower or its principals (as defined in Handbook 4232.1, 15.4.E or its successors)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the maximum AR loan amount exceed 85% of the Medicaid, Medicare, and other governmental accounts receivable less than 121 days	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
old?		
7. Of the total Medicaid, Medicare and other governmental accounts receivable less than 121 days old, are more than 30% over 90 days old? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the AR lender have less than 3 years of experience providing AR financing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the AR lender monitor the borrowing base on a daily/weekly/monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the borrower or operator out of compliance with any business agreements or loan covenants (i.e., in default on those agreements, not current on financial submissions, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the AR loan being syndicated or participated?	<input type="checkbox"/>	<input type="checkbox"/>
Is the lockbox associated with the DAISA Government Receivables account a "springing" lockbox?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the Intercreditor Agreement (ICA) propose additional obligations beyond those allowed as the types of AR Loan Obligations that may be secured by project collateral?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the ICA propose loan extensions or interest rate changes?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the ICA include any cross-default or cross-collateralization provisions?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the ICA identify a flow of funds consistent with the cash flow chart?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion regarding the topic. For projects being added to an existing HUD-Insured AR line, provide specific information on when the AR line was originated (date), when documents were reviewed/approved by HUD, which HUD OGC field office performed the review, and provide a listing of projects participating in the line (project name, FHA#) >>

Key Questions

	<u>Yes</u>	<u>No</u>
1. Does the AR loan require any guarantees from the borrower, operator, or parent of the operator, or any of those entities' principals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the guarantors guaranteeing performance on any other AR loans?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the AR loan involve multiple facilities or borrowers?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the AR loan involve any non FHA-insured properties? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the AR loan involve facilities located in multiple states or HUD field office jurisdictions? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an identity of interest between the AR lender and the AR borrower?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any conflict of interest between the AR lender and the borrower or its principals as defined in Notice H 08-09?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the maximum AR loan amount exceed 85% of the Medicaid, Medicare, and other governmental accounts receivable less than 121 days old?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7. Of the total Medicaid, Medicare and other governmental accounts receivable less than 121 days old, are more than 30% over 90 days old?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the AR lender have less than 3 years of experience providing AR financing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the AR lender lack the financial controls and capability to monitor the operator's performance?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the borrower or operator out of compliance with any business agreements with HUD (i.e., in default on those agreements, not current on financial submissions, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the AR loan being syndicated or participated?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the lockbox associated with the DAISA Government Receivables account a "springing lockbox"?	<input type="checkbox"/>	<input type="checkbox"/>

~~<<For each "yes" answer above, provide a narrative discussion regarding the topic.>>~~

Terms and Conditions

1. *Describe the borrowing base formula (e.g., XX% of the AR borrowers accounts receivable up to 120 days):*
2. *Describe term and renewal options:*
3. *Describe the rate applied to the used and unused portion of the AR loan:*
4. *Other fees (i.e., financing fees, late payment fees, etc.):*

Mechanisms for operator receipts, disbursements and control of operator funds:

<<Describe the flow of all funds, into and out of accounts (i.e., point of origination to final destination). Describe how deposit accounts are controlled (e.g., number of controlled accounts, hard or springing lockbox, daily sweeps, etc.). Attach cash flow chart.>>

Collateral/Security

<Provide narrative description of the AR lender's collateral/security. Explain any unsecured AR financing.>>

Permitted Uses and Payment Priorities

<<Provide descriptions of the permitted uses of the AR loan funds in order of priority. For example: (1) debt service incurred in connection with the AR loan; (2) operating costs; and (3) distributions to the operator's shareholders. ~~See Attachment C of Notice H-08-09, Rider to Intercreditor, Paragraph 3 or any other successor guidance.~~>>

2432

2433

Financial Analysis

2434

Maximum AR Loan Calculation

2435

(Double click inside the Excel Table to add information)

	0-90 days	91-120 days	121-150 days	151+ days
Medicare				
Medicaid				
Other Govt				
Subtotal	\$ -	\$ -	\$ -	\$ -
Commercial				
Private*				
Total	\$ -	\$ -	\$ -	\$ -

*Private is not considered when determining HUD's maximum AR loan amount.

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of Medicare, Medicaid, Commercial AR less than 121 days old is over 90 days old.

\$ -

HUD Maximum AR Loan Amt = 85% of Medicare, Medicaid, and Commercial AR 120 or less days old.

AR Lender Maximum Loan Amount

2436

Financial Analysis

Borrowing Base Analysis

(Double click inside the Excel Table to add information)

Calculations as of: **DATE** (of AR aging report submitted with application materials)

	0-90 days	91-120 days	121-150 days	151+ days
Medicare	\$ -	\$ -	\$ -	\$ -
Medicaid	-	-	-	-
Other Govt	-	-	-	-
Subtotal	\$ -	\$ -	\$ -	\$ -
Commercial				
Private*				
Total	\$ -	\$ -	\$ -	\$ -

*Inclusion of Private Pay receivables requires waiver approval

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Medicare, Medicaid, Commercial AR aged 90-120 days

\$

-

AR Loan Available

(point in time; based on Borrowing Base described in AR loan documents)

\$

-

AR Loan Amount

(from Loan Agreement)

Historical AR Loan Costs

<<If there is an existing AR loan that is not yet approved by HUD, provide a financial analysis that explains how the cost of the AR loan has been factored into the NOI calculation. Complete the Historical AR Loan Costs table.>>

Historical AR Loan Costs

(Double click inside the Excel Table to add information)

20XX	20XX	20XX	YTD specify months	20XX-20XX Average	UW

Proposed AR Loan Costs

<<If the AR borrower is obtaining AR financing for the first time, provide a financial analysis that demonstrates that the AR borrower has sufficient financial capacity to pay all projected operating expenses, AR financing costs and loan payments, and all rent or debt service payments. The analysis must assume the maximum AR loan amount to stress test the AR financing based on the lesser of the operator's 12-month trailing operating statements or the underwritten NOI. Calculate the impact on the borrower's debt coverage after payment of the AR loan expenses and payments.>>

Assuming the \$ maximum AR loan limit, an annual interest rate of %, and that the entire amount is outstanding for the year, the maximum annual interest expense would be \$. In addition to the interest, the other associated fees are the fees <<list types of fees>>, that total \$ per year for the same assumed balance. An analysis of the operator's 12 month trailing financial statement (Month 20XX – Month 20XX) is below:

12-Month Trailing Operating History	
Operating revenue	\$
Less: Operating expenses	
Net operating income (NOI)	\$
Annual P&I + MIP	\$
AR fee: Interest	
AR fee: Other	
Total annual mortgage & AR debt service	\$
DSCR including AR	

The underwriting assumed an NOI of \$. The 12-month trailing NOI is \$. The annual debt service including the MIP amount is \$ per year. Adding the AR fees equates to a total mortgage and AR debt service expense of \$ per year. This equates to prospective debt service coverage.

<<If multiple FHA-insured facilities have access to the AR loan, repeat the analysis above with the consolidated revenues and expenses for all those facilities.>>

Recommendation

<<The lender recommends approval of the AR loan.>>

Tax Credits

Program Guidance: *If the proposed documents do not currently comply with the requirements, outline the differences, what changes are required, and how they are justified. Note that proposed changes to OMB form documents must go through the ORCF document change protocol. Also, documents previously negotiated Multifamily documents are not automatically approved for use in Section 232 transactions, and must receive specific ORCF approval for use.*

Will the subject have tax credits? (If no, skip this section)

Yes

☐

No

☐

Key Questions

Yes

Do the tax credits require the project to comply with an affordability restriction?

☐

Does the lender have any concerns with the experience or financial strength of the proposed tax credit syndicator?

☐

1. Will there be an equity bridge loan?

If there will be an equity bridge loan, will it be retired after final closing?

☐☐

Do the tax credit documents conflict with ORCF requirements in any way?

☐

Does the proposed funding schedule depart from the guidelines set out in the handbook?

☐

Does the funding schedule propose that any borrower funds required for completion of the project be escrowed after initial closing?

☐

Does the funding schedule propose that any borrower funds escrowed for completion of the project be disbursed after mortgage proceeds are disbursed?

☐

Does the funding schedule propose that equity be contributed to construction draws according to any method other than a pro rata share?

☐

Will there be a lack of funds needed to meet the borrower's cash contribution be in the transaction, and any equity bridge loan NOT be retired by final closing?

☐

	<u>Yes</u>	<u>No</u>
1. <u>Do the tax credits require the project to comply with an affordability restriction?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Does the lender have any concerns with the experience or financial strength of the proposed tax credit syndicator?</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Will there be an equity bridge loan?</u>		
a. <u>If there will be an equity bridge loan, will it be retired after final closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Do the tax credit documents conflict with ORCF requirements in any way?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Does the proposed funding schedule depart from the guidelines set out in the handbook?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Does the funding schedule propose that any borrower funds required for completion of the project be escrowed after initial closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Does the funding schedule propose that any borrower funds escrowed for completion of the project be disbursed after mortgage proceeds are disbursed?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Does the funding schedule propose that equity be contributed to construction draws according to any method other than a pro rata share?</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Will there be a lack of funds needed to meet the borrower's cash contribution be in the transaction, and any equity bridge loan NOT be retired by final closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>

<<For each "yes" answer above, provide a narrative discussion regarding the topic.>>

Mortgage Loan Determinants

Overview

The mortgage criteria shown on the form HUD-92264a-ORCF are summarized as follows:

Requested amount:	\$
Amount based on replacement cost:	\$
Amount based on loan-to-value:	\$
Amount based on debt service coverage:	\$
Amount based on cost of rehabilitation plus:	\$
Amount based on deduction of loans, grant(s), loan(s), LIHTCs, and gift(s) for mortgageable items:	\$

Mortgage Term

The underwriter concluded to a mortgage term of _____ years.

Type of Financing

The type of financing available to the borrower upon issuance of the commitment will likely be in the form of _____.

Criterion C: Amount Based on Replacement Cost

The amount based on replacement cost limit is \$ _____. This is based on a replacement cost 90% of the replacement cost of the improvements of \$ _____.

Criterion D: Amount Based on Loan-to-Value

The \$ _____ value of improvement limit was calculated in accordance with HUD guidelines. This is based on a value of \$- _____ % of the underwriter's value of improvements \$ _____ (as proposed value minus as-is value).

Criterion E: Amount Based on Debt Service Coverage

The \$ _____ debt service limit was calculated using the underwritten NOI of \$ _____. HUD's guidelines.

The underwriter's NOI for the project after improvement is \$ _____ <<indicate if this amount differs from the appraiser's NOI for the project after improvement>>. Annual debt service payments on outstanding indebtedness related to the property is \$ _____. There is no annual ground rent or annual special assessments on the property. Therefore, the NOI available for the supplemental loan is \$ _____. There is an interest rate of _____ % and an assumed remaining term of _____ months. <<The insured loans must be coterminous>>

(Double click inside the Excel Table to add information)

Calculation of Net Operating Income Available for Rehabilitation Loan	
Net Operating Income (NOI) of Project After Improvement:	\$ -
Percentage of NOI Available for Total Debt Service:	90.000%
NOI Available for Total Debt Service:	\$ -
Less: Annual Debt Service Payments Required on	
All Outstanding Indebtedness Relating to Property:	-
Less: Annual Ground Rent:	-
Less: Annual Special Assessment(s):	-
Incremental NOI Criterion E:	\$ -

Criterion F: Cost of Rehabilitation Plus

The estimated cost of rehabilitation limit is \$. This amount is based on % of the total estimated rehabilitation cost of \$ plus the offsite costs of \$ plus the lesser of 90.0% of as-is value of \$ or the allowable existing debt \$.

Program Guidance:

- ~~Property held in fee: 100% of the estimated cost of rehabilitation less grant/loan funds attributable to replacement costs items.~~
- ~~Property subject to existing mortgage: Lender's estimated cost of rehabilitation, plus the lesser of:~~
 - ~~(1) Secured indebtedness, or~~
 - ~~(2) 90% (95% for non profit borrowers) of the sum of lender's estimate of the fair market (as is) value of the property before rehabilitation less:~~
 - ~~1. The value of the leased fee, if leasehold, and~~
 - ~~2. The amount of non-prepayable special assessments.~~
- ~~Property to be acquired: 90% (95% for non profit borrowers) of the sum of lender's estimated cost of rehabilitation plus the lesser of:~~
 - ~~(3) 90% (95% for non profit borrowers) of the actual purchase price of the property,~~
 - ~~(4) 90% (95% for non profit borrowers) of the sum of lender's estimate of the fair market (as is) value of the property before rehabilitation less:~~
 - ~~(a) The value of the leased fee, if leasehold and~~
 - ~~(b) The amount of nonprepayable special assessments.~~

Criterion L: Deduction of Grants, Loans, LIHTCs, and Gifts

The limit was calculated in accordance with HUD guidelines as follows:

- | | | |
|----|--|----------|
| a. | Amount based on estimated cost of rehabilitation | \$ _____ |
| b. | (1) Grants/loans/gifts | _____ |
| | (2) Tax credits | _____ |
| | (3) Value of leased fee | _____ |
| | (4) Excess unusual land improvement cost | _____ |
| | (5) Unpaid balance of special assessment | _____ |
| | (6) Sum of lines (1) through (5) | \$ _____ |
| c. | Line a minus line b (6) | \$ _____ |

The secondary sources are discussed in detail below in the Sources & Uses section of the narrative.

Program Guidance:

~~The grants, loans, gifts, and tax credits to be deducted are those credits for mortgageable cost only. Sources for non-mortgageable cost are not included in the calculations and are also not reflected in any of the other criterion on Form HUD-92264a-ORCF. The sources and uses statement provided by the borrower should outline all mortgageable and non-mortgageable costs and the source(s) to fund each.~~

Existing Indebtedness

Program Guidance: Handbook 4232.1, Section II Production, 3.3.

<<For a **purchase**, this section should be titled "Purchase Price" and the information below should be replaced by an appropriate narrative section describing the pertinent terms of the purchase transaction, generally including: purchase price, itemization of costs to be paid by seller, date of agreement and addendums, expiration date, date by which sale must occur, etc.>>

<<Provide detailed breakdown of all existing debt(s) being included in requested mortgage amount below. Include similar detail on HUD-92264a-ORCF.>>

Schedule of Debt to Refinance

<u>Lender</u>	<u>Pay-off Amount</u>
<u> </u>	<u>\$ </u>
<u> </u>	<u>\$ </u>
<u> </u>	<u>\$ </u>
<u>Total:</u>	<u>\$ </u>

Key Questions

	<u>Yes</u>	<u>No</u>
1. <u>Are there any debts on the borrower's balance sheet or recorded against the property, other than the primary mortgage, that will survive closing?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Are any of the debts to be paid off less than 2 years old? (If so, complete the Debt Seasoning Matrix below.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Does the borrower have any identities of interest with any of the existing lenders or note holders? (Refer to Section 232 Handbook, Section II, Production, Chapter 3.)</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Do any of the debts to be paid off have prepayment penalties or other significant cost associated with them?</u>	<input type="checkbox"/>	<input type="checkbox"/>

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 5. <u>Is any of the existing debt cross-collateralized with other assets (pooled debt or master leased) or financed with a line of credit? (If yes, explain how you allocated the debt between the facilities cross-collateralized.)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Are delinquent real estate taxes or other liens included as eligible debt?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Is unrecorded debt of or costs incurred in connect with the project included as eligible debt?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Is Operator debt included as eligible debt?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Are reserves or escrows held by the current lender included as eligible debt?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Are Swap Fees included in the HUD-insured mortgage (as deemed eligible in the Section 232 Handbook, Section II, Production, Chapter 3)?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. >>

Schedule of Debt to Refinance

<u>Lender</u>	<u>Pay-off Amount</u>
	\$
	\$
	\$
Total:	\$

Key Questions

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. <u>Are there any debts on the borrower's balance sheet or recorded against the property, other than the primary mortgage, that will survive closing?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Are any of the debts to be paid off less than 2 years old? (Refer to Program Guidance below.)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Does the borrower have any identities of interest with any of the existing lenders or note holders? (Refer to Program Guidance below.)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Do any of the debts to be paid off have prepayment penalties or other significant cost associated with them?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Is any of the existing debt cross-collateralized with other assets (pooled debt or master leased) or financed with a line of credit? (If yes, explain how you allocated the debt between the facilities cross-collateralized.)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Are delinquent real estate taxes included as an eligible transaction cost?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each "yes" answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. >>

<<If Swap Fees are not applicable to subject transaction this section may be deleted>>

Swap Fees:

If Swap Fees are eligible and will be included in the FHA insured mortgage, please answer the following questions:

Key Questions

	Yes	No
1. If the original financing is tax exempt, is there a legal opinion from qualified counsel that states the swap meets the definition of a "Qualified Hedge" or is substantially in conformance with that definition? (Check N/A if financing is taxable.)	<input type="checkbox"/> N/A	<input type="checkbox"/>
2. For interest rate swap contracts related to taxable financing, was the swap integrated with the original financing and entered into as an interest rate hedge within 15 days of the original financing? (Check N/A if financing is tax exempt.)	<input type="checkbox"/> N/A	<input type="checkbox"/>
3. Is the loan-to-value with the swap termination costs included at or below 80%	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the swap termination cost proposed no more than 10% of the insured mortgage proceeds?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the interest rate swap contract put into place prior to January 1, 2009? ..	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Fairness Certification acceptably address the requirements outlined in Mortgagee Letter 2012-08?	<input type="checkbox"/>	<input type="checkbox"/>

Program Guidance—Eligible Debt on a Refinance:

A. Definition of Eligible Debt. Project debt that meets any of the below definitions may be included as a mortgageable item in calculating the Maximum Insurable Mortgage.

- 1. Outstanding mortgage(s).** Outstanding mortgage(s) on the property that are at least two years old at the time that HUD begins processing the loan are considered eligible debt. If the mortgage was generated less than two years before the date HUD begins processing the application, the lender must determine that there was no cash-out to the mortgagor of the proposed FHA insured loan or its principals in order for the debt to be considered eligible debt. Debt incurred as a result of an identity-of-interest purchase or as a result of buying-out a partner is not considered eligible debt and must meet the two-year debt seasoning requirement. An identity-of-interest purchase is defined as one where there is an identity of interest, however slight, between the seller and purchaser that survives the sale transaction. An owner operator that continues to operate the facility after the sale constitutes an identity of interest.
- 2. Other recorded indebtedness.** Other recorded indebtedness such as mechanic's liens and tax liens, provided they did not result from personal obligations of the mortgagor.

~~3. Unrecorded debt. Unrecorded debt directly connected with the project that is supported by documentation from the mortgagor. If the indebtedness is not recorded, the mortgagor must provide the lender with documentation that substantially verifies that the obligation is directly connected to the project. Examples include:~~

- ~~a. Indebtedness incurred in making needed improvements and betterments to the property.~~
- ~~b. Indebtedness incurred or advances made to cover operating deficits.~~

~~4. Other eligible costs associated with paying off the eligible debt. Examples of other eligible costs associated with paying off the eligible debt are:~~

- ~~a. Reasonable delinquent and accrued interest.~~
- ~~b. Reasonable prepayment penalties on the mortgage.~~
- ~~c. Recording, release, and re-conveyance fees.~~
- ~~d. Documentation or processing fees.~~

~~*Note: Program penalties arising from the defeasance of tax exempt and taxable bonds cannot be recognized.*~~

~~B. Swap Fees: Swap Fees may be included as an eligible mortgageable item when reviewed and approved by HUD in accordance with Mortgagee Letter 2012-08.~~

~~C. ORCF does not recognize indebtedness:~~

- ~~1. Recently placed against the project to increase the mortgage or circumvent program intent.~~
- ~~2. On operating debts of the operating entity.~~
- ~~3. Created by wrap mortgages:~~
 - ~~a. Unless the mortgagor and Lender give a detailed explanation of the purpose of the wrap and a documented accounting of disbursement of the loan proceeds.~~
 - ~~b. Loan proceeds used for capital improvements or project operations qualify for inclusion as eligible debt.~~

General Overview

<<Narrative review of debt and pay-off information. For example, "Per the statement from XXX dated XXXX, the current existing indebtedness is \$XXXX. The pay-off balance will be reconfirmed prior to closing and only eligible pay-off charges will be included in the cost certification.">>

Debt Seasoning Matrix

<u>% of Existing Debt Used for Project Purposes</u>	<u>Requested FHA Loan Amount <= 60% LTV</u>	<u>Requested FHA Loan Amount 61% - 70% LTV</u>	<u>Requested FHA Loan Mount >=71% LTV</u>
<u>>50%</u>	<input type="checkbox"/> <u>Application may be submitted within 2 years</u>	<input type="checkbox"/> <u>Application may be submitted within 2 years</u>	<input type="checkbox"/> <u>2 year seasoning required</u>
<u><=50%</u>	<input type="checkbox"/> <u>Application may be submitted within 2 years</u>	<input type="checkbox"/> <u>2 year seasoning required</u>	<input type="checkbox"/> <u>2 year seasoning required</u>

Legal and Organizational Costs

The borrower's legal and organization costs are estimated to total \$ (\$ for legal, \$ for organizational expenses). The underwriter concluded that the budgeted amounts are reasonable.

Title and Recording Fees

Title and recording fees are estimated to cost \$. The underwriter concluded that the budgeted amount is reasonable.

Other Fees

A total of \$ in third-party report fees has been included in the mortgage calculation and the fees include .

HUD Fees

<<This section pertains to the transaction cost calculation and may not match the actual fees in the source and use.>>

The HUD fees total \$ and are comprised of MIP totaling % of the mortgage amount (\$); the HUD application fee totaling 0.3% of the mortgage amount (\$); and, the HUD inspection fee (\$). <<i.e., 0.0050 x Total Structures on the Form HUD 92264a-ORCF.>>

Financing Fees

<<This section pertains to the transaction cost calculation and may not match the actual fees in the sources and uses chart. >>

The financing fees payable to the lender total \$. The total is made up of a fee of 1.00% of

the mortgage amount (\$); plus fixed lender fees totaling \$. In total, the fees payable to the lender represent % of the mortgage amount.

A broker <<select one>> ☐ is / ☐ is not involved in this transaction. The broker fee is \$ and will be paid by , using <<select one>> ☐ mortgaged / ☐ non-mortgaged funds.

Sources & Uses – Copied From HUD 92264a-ORCF

Program Guidance: *In the case of tax credit transactions, the individual sources must be spelled out, as well as any non-mortgageable costs. Details regarding the requirements of those sources and uses should be discussed in the tax credit section, or under Secondary Sources, as applicable.*

<<Provide a statement of Sources and Uses of actual estimated cost at closing. Include all eligible and ineligible costs.>>

Secondary Sources

<<List and discuss all secondary sources, including terms and conditions of each. Secondary sources include surplus cash notes, grants/loans, tax credits, and the like.>>

<u>Source</u>	<u>Entity Receiving Funds</u>	<u>Public or Private</u>	<u>% of Equity Coverage</u>	<u>% FMV</u>	<u>Non-mortgageable costs?</u>

<<List and discuss all secondary sources, including terms and conditions of each. Secondary sources include surplus cash notes, grants/loans, tax credits, and the like.>>

Program Guidance:

Government Sources

1. ~~Secondary financing may be on a form of promissory note and mortgage lien as is prescribed by the governmental funding source and reviewed and approved by ORCF.~~
2. ~~Secondary financing or grants lent to the property as a secondary loan may be used to cover up to 100% of the applicable Section of the Act equity requirements.~~
3. ~~Secondary financing or grants advanced to the property as a secondary loan may also be used to finance non mortgageable costs and when added to the HUD mortgage and required equity contribution, may exceed 100% of the project's fair market value (FMV) or replacement cost.~~
4. ~~Non mortgageable costs (i.e., replacement cost items not eligible for inclusion in the HUD insured loan) to be covered by governmental secondary loans, or grants advanced to the property as a secondary loan, must be certified by the funding source to be reasonable and necessary to complete the project and that the project costs to be covered by the secondary financing are reasonable. Documentation to this effect must be included with the application submission.~~
5. ~~The governmental secondary financing lender must agree to and enter into a HUD-prescribed form of Subordination Agreement that details the rights and legal relationship between the FHA-insured first mortgage and the secondary financing loan.~~

Private Sources

~~Secondary financing from a private source is not permitted on Section 232 new construction, substantial rehabilitation, and blended rate projects.~~

Surviving Debt

<<List and discuss all existing long-term debt that will survive closing.>>

Other Uses

<<Discuss any Uses not previously discussed in this narrative. >>

Cash Requirements

Initial operating deficit:	_____
	Absorption rate/no. units per month: _____
	No. months to cover shortfalls: _____
	Breakeven Occupancy %: _____
Working capital:	\$ _____
Cash investment:	\$ _____
Debt service reserve escrow:	\$ _____
	No. months of principal & interest payments: _____
Offsite escrow:	\$ _____
Minor movable equipment escrow:	\$ _____
Demolition:	\$ _____
Other:	\$ _____
TOTAL:	\$ _____ % of total project cost: _____ %*
*Total cash requirements divided by total project cost.	
Cash requirement will be met by:	_____ <<pre-pays, letter of credit, sponsor, etc. Example: "Borrower's cash and letters of credit.">>
Based on a review of the principals <<identify principal(s)>> their net worth is estimated at \$ _____; their liquidity meets/exceeds \$ _____.	

Circumstances that May Require Additional Information

In addition to the information required in this narrative, depending upon the facility for which mortgage insurance is to be provided, the mortgagor, operator, management agent and such other parties involved in the operation of the facility, current economic conditions, or other factors or conditions as identified by HUD, HUD may require additional information from the lender to accurately determine the strengths and weaknesses of the transaction. If additional information is required, the questions will be included in an appendix that accompanies the narrative.

Special Commitment Conditions

<<List any recommended special conditions. If none, state "None.">>

1.

2.

Conclusion

<<Provide narrative conclusion and recommendation.>>

Signatures

Lender hereby certifies that the statements and representations of fact contained in this instrument and all documents submitted and executed by lender in connection with this transaction are, to the best of lender's knowledge, true, accurate, and complete. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring the loan and may be relied upon by HUD as a true statement of the facts contained therein.

Lender: _____

HUD Mortgagee/Lender No.: _____

This report was prepared by: _____

Date

This report was reviewed by: _____

Date

<<Name>>

<<Title>>

<<Phone>>

<<Email>>

<<Name>>

<<Title>>

<<Phone>>

<<Email>>

This report was reviewed and the site inspected by: _____ Date

<<Name>>

<<Title>>

<<Phone>>

<<Email>>